



The International Journal of
INDIAN PSYCHOLOGY



Person of the Month
Erik Erikson (1902-1994)

Editor in Chief:
Prof. Suresh M. Makvana, PhD
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Prof. Suresh M. Makvana, PhD

Editor

Ankit P. Patel

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Message from the Desk of Editor

It gives me great opportunity to present the forth volume of IJIP, the measure of progress. The concept of a Journal of Indian Psychology has been developing for over few years and finally another issue has come to fruition. From this edition we will have ISSN for online 2348-5396 and print 2349-3429, ZDB-No.: 2775190-9, IDN: 1052425984, CODEN: IJIPD3, OCLC: 882110133, WorldCat Accession: (DE-600) ZDB2775190-9, ResearchID: P-8455-2015 in our publication. RedShine Publication, Inc is grateful to the contributors for making this Journal a reality.

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The journal gives preference to psychological oriented studies over experimental and mind studies.

The Journal would publish peer-reviewed original research papers, case reports, systematic reviews and meta-analysis. Editorial, Guest Editorial, Viewpoint and letter to the editor are solicited by the editorial board. Large numbers of research papers were received from all over the globe for publication and we thank each one of the authors personally for soliciting the journal. We also extend our heartfelt thanks to the reviewers and members of the editorial board who so carefully perused the papers and carried out justified evaluation. Based on their evaluation, we could accept some research papers for this issue across the disciplines. We are certain that these papers will provide qualitative information and thoughtful ideas to our accomplished readers. We thank all the readers profusely who conveyed their appreciation on the quality and content of the journal and expressed their best wishes for future issues. We convey our deep gratitude to the Editorial Board, Advisory Board and all office bearers who have made possible the publication of this journal in the planned time frame.

We humbly invite all the authors and their professional colleagues to submit their research papers for consideration for publication in our upcoming issues as per the “Scope and Guidelines to Authors” given at the website. Any comments and observations for the improvement of the journal are most welcome.

Prof. Suresh Makvana, PhD¹
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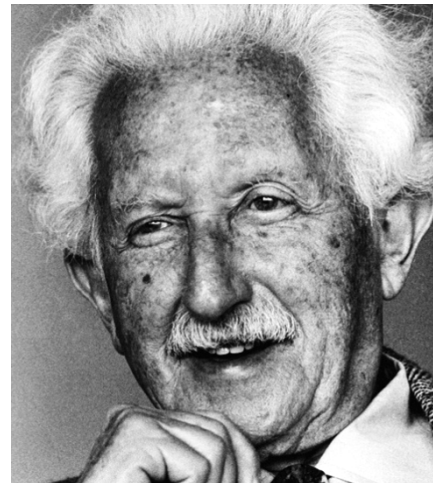
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Person of the Month: Erik Erikson (1902-1994)

Ankit Patel¹

Born	15 June 1902 Frankfurt am Main, Hesse, Germany
Died	12 May 1994 Harwich, Cape Cod, Massachusetts, U.S.
Citizenship	American, German
Known for	Theory on social development
Fields	Developmental psychologist



Erik Homburger Erikson was a German-born American developmental psychologist and psychoanalyst who pioneered in the world of child psychology by giving his development theory with his ‘eight psychosocial stages’. He was born in Frankfurt in unusual circumstances in which his mother did not conceive him through her husband but he never got to know who his biological father was. It is said that the history of his birth is something that triggered the need in him to pursue the concept of identity and it is how he gave the world the psychological term ‘identity crisis’, a major contribution to the world of psychology and psychoanalysis. He grew up in Germany and came in contact with the world of psychoanalysis when he met Sigmund Freud’s daughter Anna Freud. He studied psychoanalysis at the Vienna Psychoanalytic Institute but Nazi invasion of Germany led to his emigration to America. In America, Erikson found a wide scope to practice psychoanalysis on children in Boston and worked at various medical institutes, including the Harvard University and California University. He studied the psychology of children from various social structures, environments, emotional and psychological issues and compiled his observations in the most prominent book of his career, ‘Childhood and Society’. Erikson is also credited with being one of the originators of Ego psychology, which stressed the role of the ego as being more than a servant of the id. According to Erikson, the environment in

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which a child lived was crucial to providing growth, adjustment, a source of self-awareness and identity. Erikson won a Pulitzer Prize and a U.S. National Book Award in category Philosophy and Religion for *Gandhi's Truth* (1969), which focused more on his theory as applied to later phases in the life cycle.

The Erikson life-stage virtue, in order of the eight stages in which they may be acquired, are:

1. Hope, Basic trust vs. basic mistrust
2. Will, Autonomy vs. Shame
3. Purpose, Initiative vs. Guilt
4. Competence, Industry vs. Inferiority
5. Fidelity, Identity vs. Role Confusion
6. Love, Intimacy vs. isolation
7. Care, Generativity vs. stagnation
8. Wisdom, Ego integrity vs. despair
9. Psychosocial Crises

Most Cited works

1. *Childhood and Society* (1950)
2. *Young Man Luther. A Study in Psychoanalysis and History* (1958)
3. *Identity: Youth and Crisis* (1968)
4. *Gandhi's Truth: On the Origin of Militant Nonviolence* (1969)
5. *Adulthood* (edited book, 1978)
6. *Vital Involvement in Old Age* (with J.M. Erikson and H. Kivnick, 1986)
7. *The Life Cycle Completed* (with J.M. Erikson, 1987)

TIMELINE

- **1902:** Erik Erikson was born in Frankfurt, Germany to Karla Abrahamsen and Waldemar Isidor Salomonsen, who was a Jewish stockbroker. He was born to his mother under the circumstances where his mother had not seen his father for several months. He was registered as Erik Salomonsen at birth and there is no information available about his biological father. Shortly after he was born, his mother moved to Karlsruhe to become a nurse and got remarried to a pediatrician, Theodor Homburger.
- **1908:** Erik Salomonsen's name was changed to Erik Homberger.
- **1911:** Erickson was officially adopted by his stepfather, Theodor Homburger and he became Erik Homburger. The story of his birth was kept from him for a long time and he grew up not knowing who his real father was.
- **1930:** Erikson married Joan Serson Erikson and remained married to her until his death. They had 4 children together. His son, Kai T. Erikson is a prominent American sociologist.

Person of the Month: Erik Erikson (1902-1994)

- **1931:** Erikson married Joan Mowat Serson, a Canadian dancer and artist whom Erikson had met at a dress ball. During their marriage Erikson converted to Christianity.
- **1933:** He received his diploma from the Vienna Psychoanalytic Institute. This and his Montessori diploma were to be Erikson's only earned academic credentials for his life's work.
- **1933:** While Erikson was being trained in psychoanalysis, Nazis took over Germany and he had to leave the country. He first moved to Denmark and then emigrated to States where he became the first child psychoanalyst in Boston.
- **1933:** With Hitler's rise to power in Germany, the burning of Freud's books in Berlin and the potential Nazi threat to Austria, the Eriksons left an impoverished Vienna with their two young sons and emigrated to Copenhagen. Unable to regain Danish citizenship because of residence requirements, the Eriksons left for the United States, where citizenship would not be an issue
- **1936:** Erikson joined Harvard University and worked at the Institute of Human Relations, while teaching at the Medical School. Side by side, he was also studying a set of children on a Sioux reservation in South Dakota.
- **1937:** Erikson left Harvard and joined the staff of the California University in 1937. He associated with the Institute of Child Welfare there and opened his private practice. He also devoted his time in studying the children of the Yurok tribe.
- **1939:** He left Yale, and the Eriksons moved to California, where Erik had been invited to join a team engaged in a longitudinal study of child development for the University of California at Berkeley's Institute of Child Welfare.
- **1950:** After publishing the book, *Childhood and Society*, for which he is best known, Erikson left the University of California when California's Levering Act required professors there to sign loyalty oaths.
- **1950:** All of his observations of children of different environments and breeds led to compilation of the most famous book of his psychology career, '*Childhood and Society*' in 1950. The book introduced the world to the concept of 'identity crisis'.
- **1960:** He returned to Harvard as a professor of human development.
- **1960:** He went back to Harvard University and took the position of professor of human development and worked until his retirement and after his formal retirement he wrote on various subjects of psychology along with his wife.
- **1969:** Erikson won a Pulitzer Prize for the contribution in the field of psychology through his writings and a U.S. National Book Award in category Philosophy and Religion for his book '*Gandhi's Truth* (1969)'.
- **1973:** The National Endowment for the Humanities gave an opportunity to Erikson to lecture at the Jefferson Lecture, the United States' highest honor for achievement in the humanities. His lecture was called "Dimensions of a New Identity".

Person of the Month: Erik Erikson (1902-1994)

- **1973:** The National Endowment for the Humanities selected Erikson for the Jefferson Lecture, the United States' highest honor for achievement in the humanities. Erikson's lecture was titled "Dimensions of a New Identity"
- **1994:** Erikson died on May 12, 1994 in Harwich, Massachusetts. He and his wife are buried in the First Congregational Church Cemetery in Harwich.

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Addressing Spiritual Needs: In Psychiatric Care

Mrs. Sunanda.G.T.^{1*}, Mrs. Ashwini. R.², Dr. L. Eilean Victoria³

ABSTRACT

Spirituality can play an important role in helping people live with or recover from mental health problems more and more people now understand that our wellbeing depends on a mix of factors including biological, psychological and social factors. Taking account of people's spiritual beliefs is therefore an important part of viewing people's mental health in the round. Spirituality can help people maintain good mental health. It can help them cope with everyday stress and can keep them grounded. There is some evidence of links between spirituality and improvement in people's mental health.

Keywords: *Spirituality, Mental Health, Wellbeing, Stress.*

To be healthy means to be whole and to be whole has a spiritual quality to it. Spirituality is that part of us that deals with relationships and values and addresses questions of purpose and meaning in life. Spirituality unites people and is inclusive in nature, not exclusive. Although spirituality is not a religion being involved in a particular religion is a way, some people may enhance their spirituality. Spirituality involves individuals, family, friends and community. The development of our spirituality provides a grounding sense of identity and contributes to our self esteem. Our spiritual health is expressed through honor compassion, with, forgiveness, courage and creativity. Spirituality enables us to develop healthy relationships based on acceptance, respect and compassion. In a broader sense, spiritual problems are related to fear, anger, greed, guilt and worry. These barriers can be described as those duty problems that drain our energy and in a oblige us. Left unresolved, they can prevent our development as healthy, spiritual beings (Lauver 2000).

The spiritual component is the feeling of being connected between you and the client. It is that inner sense of being a part of something more than you. It is respect for the clients' cultural values and religious views. Person's spirit is what allows us to connect to them for to express important spiritual needs, such as the need for meaning in life, belief in god, or belief from fear,

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Addressing Spiritual Needs: In Psychiatric Care

doubt, or loneliness. The important point is to recognize that spiritual needs are as diverse as our clients their cultures and their illness.

Spirituality and Religions:

Despite millennia of debate, there are little concerns about the meanings of spirituality and religion. These terms often are used interchangeably; however, there are important differences.

The word 'spirituality' comes from the Latin word 'spiritualitas' (breath). It refers to a persons or a group's relationship with the transcendent. It has also been characterized as an experiential process whose features include question for meaning and purpose, transcendence (i.e the sense that being human is more than spiritual material existence), connectedness (eg. with others, nature or the divine) and values (eg. Love compassion and justice).

The word 'religion' comes from Latin 'religare' (to bind together). Religion is a set of beliefs, practices and languages that characterizes a community that is searching for transcendent meaning in a particular way, generally based upon belief in a duty. It appears that compared to religious that compared to religion; spirituality is a broader concept most institutionalized religious in to foster spirituality. It is also important to remember that religiosity and spirituality are not mutually exclusive concepts and therefore they can overlap and also exist separately.

Spirituality defines as been described as a person's experiences of or belief in, a power apart from his or her own existence. It also has been described or an individual search for meaning (Bown and Williams, 1995). Religion is the outward practice of a spiritual system of beliefs, values, codes of conduct and spirituals (Spack 1998). Religion serves as a platform for the expression of spirituality through an organized system of practices and beliefs. Spirituality is a distinctive, potentially creative and universal dimension of human experience arising both within the inner subjective awareness of individuals and with in communities, social groups and traditions.

It may be experienced as relationship with that which is initially inner immanent and personal, with in the self and others, and or as relationship with that which is wholly other transcendent and beyond the self. It is experienced being of fundamental or ultimate importance and is thus concerned with matters a of meaning and purpose in life, truth and values.

The word religion has the some root us ligament and ligature. It is that grounding of faith and basis of life to which I regard myself as being connected, such as a maintainer might used, that ties one to God and to other believes.

In everyday conversation, spirituality has come to mean almost the same as religion but is more politically correct as it involves also those people in our society show have no religious affiliation. Jonathan sacks, the chief Rabbi wrote spirituality changes our life.

Importance of spirituality and religion in India:

One of the things that are most striking about India's culture is the way in which the holy, the spiritual and the everyday are so intrinsically linked for the locals. Religion is abundant in all of which are deeply embedded into the everyday life of the respective disciples of each religion.

Religion in India is the foundation for most areas of life for individuals and families. More than 80% of Indians are Hindus and over 13% are Muslims, India is the birth place of Buddhism and at one time less than 1% of the population follows Buddha. Christians and Sikhs have about 2% followers each.

India is a land where spirituality is almost a way of life; where an even illiterate farmer or housewife will surprise one with their philosophical issue of life.

India is a country which is associated with spiritual traditions for thousands of years; which has been home of some of the greatest religions of the world like Hinduism, Buddhism, Jainism, Sikhism, Christianity, Zoroastrianism.

In India many of the notions of life and wellbeing were formulated during back to approximately 300 BC. Nature of wellbeing (mental health) is understood solely with references to *nityaniti* Viveka and we have many concepts, which are context specific in meaning and represent various aspects and dimensions of wellbeing. They include *bog sukha*, *santhasha*, *harsha*, *ullas*, *ananda*, *trupti*, *shrushti*, *shubha*, *mangala*, *kalyana*, *shreyas*, *preyas*, *shanti*, *arogya*, *swasthya*, *sthitaprajnata* and many more which are commonly found in classical Sanskrit texts as well as in other Indian languages derived from it.

Indian traditions recognize in two aspects of spirituality (a) experiencing paranormal and supernatural phenomenon and (b) leading a value oriented life with in Indian tradition the former is referred to as *anubhuti* and *vibhuti* and the latter as *dharma* in its all encompassing sense.

The emphasis on balance or equilibrium is very close to the concept of health in various Indian texts. The related illustrations include Ayurveda (the concept of *sama* or balance), *Ati sarvatra varjayeet* or avoidance of extremes, Buddhist philosophy (*madhyama* or the middle path), or the *sankhya* philosophy the state of *sanyastha* (equilibrium) of three *gunas* or qualities namely *sattva* (the element of illumination), *rajas* (activity, dynamism and famous (passivity, inertia, darkness), such as a balanced state of functioning is repeatedly considered in *Bhagvatgeeta* to be chief characteristics of psychological well being (mental health) of person. It says that one should remain balanced both in happiness and sorrow on profit and loss and victory and defeat.

The essence of psychotherapy has been present in all traditional societies all along. In India it has existed in a submerged form, interweaving with social structures, social norms, myths and ritual. It has been included in mysticism in yoga, in Buddhism, in Ayurveda, in Unani tradition and in allopathic tradition. *Mahabharata* is a great text book of psychopathology and *Gita* a great

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treatise in psychotherapy. Bhagavad Gita describes various aspects of psychotherapeutic techniques through 18 chapters of self knowledge. Geeta frees person from guilt sense in its own frame work, resolves repression, supplies energy and morale by making person dig deeper still in his own self and develop insight in to its working model of psychotherapy which will widely be accepted in Indian patients could be found in traditional concept of relationship between a guru and chela.

Spirituality and religion on mental health:

Spirituality, religion, health and medicine have common roots in the conceptual frame work of relationship amongst human beings, nature and God, of late; there has been a surge in interest in understanding the interplay of religion spirituality, health and medicine both in popular and scientific literature. A number of published empirical studies suggest that religions involvement is associated with better outcomes in physical and mental health.

More than 850 studies have examined the relationship between religious involvement and various aspects of mental health. Most have shown that religions people experience better psychological functioning and adapt more successfully to stress. The relationship between religious commitment and positive mental health is particularly referring among older adults.

Nothing in life is more wonderful than faith. The one great having force which we can neither weigh in the balance nor test in the crucible faith has always been an essential factor in the practice of medicine. The world health organization (WHO) has accepted spirituality as an important aspect of quality of life understanding the implications and consequences of incorporating religion and spirituality into health and medicine. In the Indian context needs a thoughtful, critical and open minded inquiry.

Although there are plenty of studies reporting relationships between religious involvement and mental health, they rarely investigated the potential mediators of this relationship. Several mechanisms have been proposed to explain the influence of religion on human health. Healthy behaviors and life styles are causes for several illnesses, which are we eat, drink, drive our automobile, sex, smoke etc. Most spiritual and religious practices prescribe or prohibit behaviour that may impact on health. Social support can promote health; religious might provide social cohesion, the sense of belonging to a caring group, continuity in relationships with friends and family and other support group.

Belief system, cognitive frame work influence on how people deal with stress, suffering and life problems. Religious beliefs can provide support through the following ways. Enhancing acceptance, endurance and resilience. They generate peace, self-confidence, purpose, forgiveness to the individuals own failures, self-giving and positive self image. Locus of control is an expression that arises from the social learning theory and tries to understand why people deal in different ways facing the some problem.

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Some of the research exploring the association between spirituality and in mental health attempts to understand the mechanisms through which potential benefits may occur. The interventions of a divine being or God, other factors may explain and account for those effects. Mechanisms most often discussed are: 1) **coping styles:** Religious has been conceptualized as mediator to account for the relationship between spirituality and mental health, particularly in times of stress. Many researchers suggest that a person's relationship with a divine or imagined other can have a major impact on their coping abilities. 2) **Locus of control/attributions:** In internal locus of control wherein an individual believes that they have some power over a given outcome is usually associated with better mental health than an external locus of control. 3) **Social support:** The individual drive from the members, leaders and clergy of religious congregations is widely considered one the keep mediators between spirituality and mental health. Social isolation providing and strengthening family and social networks, providing individual with a sense of belonging spiritual support in times of adversity. 4) **Physiological impact:** Some researchers have argued that certain expressions or elements of spirituality may positively affect various physiological mechanisms involved in health, emotions encouraged in many spiritual traditions, including hope, contentment, love and forgiveness, may serve the individual by affecting the endocrine and immune systems. 5) **Architecture and the built environment:** The relationship between spirituality and mental health is the environment. Many people find spiritual expressions through outdoor pursuits such as temples, churches, mosques etc.

Spirituality and Religion on Mental illness:

Spirituality help people to deal with mental illness spirituality can bring a feeling connected to something bigger than yourself and it can provide a way of coping in addition to relying on your own mental resilience. It can help service users make sense of what they are experiencing. We think that if you have got an inner journey that has to be your number one priority in life and believe passionately that we are spiritual beings who are discovering aspects of ourselves that we did not know existed. Having a spiritual life can give strength and improve their well being.

Mental health services have become increasingly interested in addressing the spiritual needs of consumers in recent times, and as a result attempts have been made to redefine the term in a way that would be maximally inclusive so as to apply to people from diverse religious backgrounds and to those with no religion (Kcenig 2008). Many studies have broadened the term to incorporate a wide range of positive psychological concepts such as purpose in life, hopefulness, social connectedness, peacefulness, and well being in general. This becomes problematic for research attempting to assess the relationship between spirituality and mental health because of most definitions good mental health implies that a person has some purpose in life, is hopeful, socially connected and has peace and well being. An earlier study on the personality traits associated with spirituality and religiosity and disorders. (Saucier and skrzypinska 2006). Spirituality in this study was defined as quest for meaning, unity connectedness to nature, humanity, and the transcendent.

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Spirituality, recognized as central to mental health from ancient times, has re-aimed so in many non-western and indigenous traditions, while this knowledge has been substantially lost in the west in recent centuries; modern western psychiatry is a secular discipline that applies scientific methodology to clinical questions. Whilst relatively few psychologists or psychiatrists have integrated a spiritual perspective into their work.

(Rumbold 2002) suggests that spirituality is an emerging theme in the professional and academic literatures of business, education, and health care, as well as in the curricula of training institutions. Patients who believe God may experience better short term treatment for psychiatric illness, according to many studies.

Individuals who described themselves as having strong faith reported having a better overall response to treatment, said David Rosmarin a clinician and instructor in the department of psychiatry at Harvard school in Boston. They found that patients who had better well being, less depression and less anxiety. There is a substantial body of experience and slowly growing research that supports the use of spiritual values and or religion and relation to mental health issues. The recovery movement recognizes spirituality as one of the key elements in recovery. Multiple surveys have reported a reduction of low alcohol use with regular church attendance (NAMI 2011).

Religious issues are important in assessment and treatment of patients and therefore clinicians need to be open to the effect of religion on the effect of religion on their patients' mental health.

Religion and spiritual interventions in psychiatric care:

Spirituality can play an important role in helping people live with or recover from mental health problems. Spirituality can help people maintain good mental health. It can help them to cope with every day stress and can keep them grounded. Tolerant and inclusive spiritual communities can provide valuable support and friendship. There is some evidence of links between spirituality and improvements in people's mental health, although researchers do not know exactly how this works.

On assessment of the spiritual needs must be considered as human rights. A mental health services culture that responds to spiritual needs by acknowledges the spirituality in people's lives, gives service users and staff opportunities to talk about spirituality, encourages service users to tell staff their needs, help service users to express their spirituality and uses person centered planning and incorporates spiritual needs. However, because research suggests that believers may use religion as a way to cope with illness, ethical practice requires by all the psychiatric care professionals to stay abreast of debate and research findings related to clinically useful interventions, including those of a spiritual nature. Professional organizations, including the American psychological association, the accreditation council of graduate medical education, the council on social work education, the academy of family physicians, the joint commission,

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and commission on accreditation of rehabilitation facilities, have all mandated that clinicians be able to recognize, respect, and address the spiritual issues of clients (JCAHO, 2004).

Clarifying the values: Values are ideals or beliefs of importance to people that greatly determine how they act and behave. Family back ground, peer interaction throughout the lifespan, and secular and religious education influence values and ways of thinking values help people make decisions and influence behaviour. Clarifying values helps mental health professionals discover what they believe and what matters to them. It also involves becoming conscious of what clients regard as important and how such priorities might influence their attitudes and behaviors in clinical settings. When working with clients health care providers must become aware of their own personal values, their clients values and the differences between them.

Self-awareness allows health care providers to act from their own spiritual or cultural perspectives, while taking care not to impose these values on others.

Clergy, although not traditionally members of interdisciplinary treatment teams, can give needed support to clinicians, providing a context for and insight into the lives and world views of clients. Many clients turn to clergy for help, and some consider their clergy to be their primary mental health care provider.

Health care providers are encouraged to build collaborative relationships with clergy and chaplains to learn more about spiritual interventions and the rich diversity of spiritual and religions views. They are encouraged to invite clergy to consult and to be members of client's treatment teams.

Spiritual assessment: Acknowledging the spiritual lives of clients may involves asking about that aspect when taking a health history. Ask open ended questions about faith and spirituality, importance of spirituality etc. The religious interventions more denominational, external, cognitive, ritualistic and public and spiritual interventions more economical cross cultural, internal, affective, transcendent and experimental.

Spiritual assessment includes the following questions together the spiritual tasks of the patient include: 1) What is strength for you? 2) Where can you get your strength? 3).Who gives you strength? 4). How can you increase your strength? 5). What does peace means to you? 6). Where do you feel at peace? 7).Who makes you more peaceful? 8). What situations increase you sense of peace? 9). When do you feel most secure? 10). Where do you get your security from? 11). Who makes you feel secure? 12). How can you increase your security? Finally the health care providers should be writing and able to address their clients' spiritual needs.

A number of organizations and agencies encourage the incorporation of spiritual practices into health care.

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Prayer: Prayer can be a powerful form of coping that helps people physically and mentally. Prayer is a kind of communications or conversation with a power that clients recognize as divine. All western theistic religions and several eastern traditions, eg. Hinduism, Buddhism, Shinto, Toa etc practice prayer, although the form and content may vary for each. Different kinds of prayer i.e group verses solitary may have different effects well-being and satisfaction.

Bibliotherapy with sacred writings: Bibliotherapy involves the use of literature to help clients gain insight into feelings and behaviour and learn new ways to cope with difficulties. It is a process of interaction between the personality of the reader and the literature, which may be used for personality assessment, adjustment or growth. The stories and narratives in these writing can provide solace and inspiration for clients.

Contemplation and medication: contemplation and medication are mental exercises that involve calmly limiting thoughts and attention. Meditative traditions include Zen, Vipassana, Visualization, Transcendental and Devotional. Many forms of contemplation and meditation have their origins in eastern traditions, most notable Hinduism and Buddhism. All forms involve isolation from distracting environmental noise, active focusing or repetition of thoughts or a word (mantra), muscle relaxation, release and surrender of control.

Repentance and forgiveness: all major theistic religions teach that people should forgive those who have harmed them and seek forgiveness from those whom they have harmed. Repentance and forgiveness are acts with important spiritual consequences; in addition, clients themselves may associate personal growth with admitting and making restriction for short coming and feelings.

Worship and rituals: all major religions encourage their followers to engage in private and public acts of worship. Worship is the devotion accorded to a higher power or deity, and rituals are the ceremonies, rites or acts such as prayer, singing hymns; fasting or abstaining from food, water, or sex; and partaking of sacramental emblems. Acts of worship and ritual serve to express people devotion to a deity. They facilitate their commitment or recommitment to a spiritual or moral life. Offer penitence, offer settings and opportunities for solidarity with others and provide for spiritual enlightenment. (Smart. 2000)

Benson suggests that worship services are full of potentially therapeutic elements such as music, aesthetic surroundings, familiar rituals, distraction from everyday tension, prayer and contemplation, and opportunities for socializing and fellowship with others.

Professional services providers should be carefully about participating with clients in worship or rituals because of potential confusion over role boundaries (Richard & Bergin 2005).

Fellowship and altruistic services:

The basic need for mutual support and connection with others is universal among humans. All religions encourage fellowship and provide opportunities for its expression and fulfillment.

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Altruistic services can take much form, such as providing emotional support to discouraged people, taking cloths or food to needy, or visiting the sick. Fellowship and altruism provide ways to reduce alienation and self preoccupation and may be particularly helpful for clients who are socially isolated, lonely, depressed, suicidal or experiencing major life crisis.

Journal writing: Encourage to clients keep journals concerning their spiritual struggles, insights, and experiences.

Ethical formalities in spiritual interventions:

Some professionals have raised ethical concerns. They are in positions of great influence with respect to clients.

Inquires into a client's spiritual life with the intent of making recommendations the link religious practice with better health outcomes may repressed such a departure.

A second ethical consideration involves the limits of current research. As mentioned findings related to the effects of religious or spiritual factors on health have been inconclusive, largely because of related to research design, construct and methodology. Professionals must take care not to misrepresent the state of research; test suggestible clients abandon allopathic treatment for spiritual interventions to the detriment of their health.

A third ethical consideration has to do with the danger of imposing one's own values on clients.

Another ethical consideration is that clinicians should pursue religious or spiritual goals and interventions only when clients have expressed explicitly their desire for them. They also recommended that clinicians using spiritual or religious interventions should always obtain informed consent from clients. A final ethical pitfall involves the possibility of violating work setting binderies. Professionals who work in civic settings should be adhere to work settings policies regarding then separation religion and clients civic policies.

CONCLUSION

Spirituality can help people deal with periods of mental distress or mental illness. Spirituality can bring a feeling of being connected to something bigger than yourself and it can provide a way of coping in addition to relying on your own mental resilience. It can help service users make sense of what they are experiencing spirituality is often overlooked by the staff working in mental health services. This sees mental health problems as caused by biological factors, leaving little room for spirituality and other important areas of people's lives. It is not helpful to dismiss or ignore the spiritual needs of service users. Taking then into account can support their path to recovery or help than live with their mental health problems in the best way for than as individuals.

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Encouraging service users to explore what is important to them spirituality can be a valuable self help strategy. People often want to talk about their spirituality and listening to what they say shows respect for their beliefs.

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Conflict of Interests

The author declared no conflict of interests.

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Home Environment and Self-Esteem: Comparative Study among Delinquent and Normal Boys

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ABSTRACT

Juvenile delinquency is one of the prevalent issues of modern society. The purpose of this study was to compare the family environment and self esteem of delinquent and normal boys. Sample comprised of 30 delinquent and 30 normal boys. Their age ranging from 11-15 years. The data was gathered by using Home environment inventory (Dr. Misra S K) and Rosenberg self-esteem scale (Rosenberg, 1965). Home environment inventory was used to measure the psycho-social climate of home as perceived by children. By using t-test, it was found that there is significant difference between home environment of delinquents and normal boys in the following dimensions-control, protectiveness, punishment, conformity, social isolation, reward, deprivation of privileges, nurturance and rejection. It was also found that there is significance difference between self-esteem of delinquents and normal boys.

Keywords: *Juvenile delinquency, Home environment and self- esteem.*

Juvenile delinquency is one of the major issues of the modern society. The delinquent juvenile is defined in section 2 of juvenile justice act 1986 as “A juvenile who has been found to have committed an offence. As per the act, juvenile means a boy less than 16 years of age and a girl less than 18 years of age.”

Many researchers found that family plays as an important etiological factor behind delinquency. Different family variables have been studied to better understand the etiology of delinquency. Parental control is the most important factor that is reflected in studies. Many studies suggest that lack of parent control foster delinquency. Emotional bonding has the capacity to reduce the negative effects of punishment (Aufserr, Jekielek & Brown, 2006). Martens (1992) and Barber (1996) reported that close bonds with parents and emotional ties within the family among its members reduce the likelihood that juveniles will become delinquent. Self esteem is another

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factor that influences antisocial behaviour. Low self esteem may lead to association with deviant peers and sometimes delinquency leads to low self esteem (Kelley, 1978).

From the above mentioned studies, it is evident that home environment and self esteem play an important role in the development of delinquent behaviours among adolescents. Hence, this research aimed to identify the differences in family environment and self-esteem of delinquent and normal boys

METHOD

Sample:

The total sample size was 60, divided into two groups: 30 juvenile delinquents and normal boys. Random sampling method was used. Information regarding 30 male juvenile delinquents was taken from Observation Home for Boys and Juvenile justice court, Thrissur. They had criminal record like shop lifting, Quarrelling, Property destruction and theft etc. And 30 normal boys were taken from Boys government higher secondary school, Kodungallur. The age range of both the sample was between 11 to 15 years.

Tools:

1. Home environment inventory (Dr.Karuna Shankar Misra)

Home environment inventory was developed by Dr.Karuna Shankar Misra. Home environment inventory is an instrument designed to measure the psycho social climate of home as perceived by children. It provides a measure of the quality and quantity of the cognitive, emotional and social support that has been available to the child within in the home.HEI has 100 items belonging to ten dimensions of home environment. The ten dimensions are as follows: control, protectiveness, punishment, conformity, and social isolation, and reward, deprivation of privileges, nurturance, rejection and permissiveness.

Scoring the responses to HEI items:

There are five cells against every item of the inventory. Each cell indicates the occurrence of a particular behaviour. The five cells belong to five responses namely: mostly, often, sometimes, least and never. Assign 4 marks to mostly, 3 marks to often, 2 marks to sometimes, 1 mark to least, and 0 marks to never response. The Home environment inventory has been found to possess content validity and split half reliability.

2. Rosenberg Self-esteem scale:

The Rosenberg self esteem scale was developed by Dr. Morris Rosenberg is a widely used self esteem measure in social science research. It is a ten item likert type scale with items answered on a four point scale-from strongly agrees to strongly disagree. Five of the scale items have positively worded statements and five have negatively worded ones. Rosenberg self esteem scale is considered a reliable and valid quantitative tool for self-esteem assessment. Rosenberg (1965) reported internal consistency reliability ranging from .85to .88 for college samples.

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Procedure:

All the respondents who consented to participate in this study were briefed about the purpose of the study. Each respondents were then provided with two questionnaire (Home environment inventory, Rosenberg self esteem scale).The questionnaires were administrated individually. After establishing rapport, respondents were ensured about the confidentiality of the data and motivated to answer sincerely. The researcher confirmed whether the subject had omitted any questions.

Statistical Analysis of the data:

After collecting the data from respondents, it was scored based on the instructions given in the manual of Home environment inventory and Rosenberg self- esteem scale. SPSS ver.17.0 was used for the statistical analysis of the data. T-test was employed to examine whether there is significant difference between delinquents and normal boys in relation to their home environment and self esteem.

RESULT AND DISCUSSION

Table 1 indicates the mean, standard deviation and t-value of variable home environment and its dimensions for delinquents and non-delinquents.

Home environment	Non-Delinquents		Delinquents		P-value
	Mean	S.D	Mean	S.D	
Control	26.034	3.908	20.234	3.839	5.799***
Protectiveness	31.434	5.513	19.3	4.801	9.091***
Punishment	30.334	4.482	18.6	4.091	10.591***
Conformity	33.8	3.727	19	4.402	14.054***
Social isolation	16.834	5.523	20.867	6.257	2.647**
Reward	35.8	3.387	17.267	4.892	17.061***
Deprivation of privileges	12.4	5.781	21	6.198	5.558***
Nurturance	31.634	4.665	17.167	5.602	10.869***
Rejection	9.4	4.861	28.334	6.244	13.105***
Permissiveness	23.3	4.427	20.634	4.759	2.247*
Total home environment	250.967	15.882	202.4	22.879	9.551***

P<0.001 ***, P<0.01**, P<0.05*

t-test was carried out in order to compare the difference between delinquents and non-delinquents in relation to their home environment in the following dimensions-control, protectiveness, punishment, conformity, social isolation, reward, deprivation of privileges, nurturance, rejection and permissiveness.

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Results of t-test revealed that normal boys are experiencing significantly ($p < 0.001$) high control compared to their delinquent counterparts. Mean value of control dimension for non-delinquents (26.034) are greater than delinquents (20.234). In HEI, control is defined as “autocratic atmosphere in which restrictions are imposed on children by parents in order to discipline them.” The study found that monitoring plays an important role during adolescence and it reduces the chance of delinquency. The results of this study is found to be in agreement with other studies carried out by Farrington & Loeber, 1999; Aufserr, Jekielek & Brown 2006.

“The most crucial and pervasive of all the influences exerted in home were love and warmth imparted by parents” (Sears, Maccoby & Levin, 1957). Like they suggest, in Home environment inventory (HEI) also nurturance is a dimension that measures the existence of unconditional physical and emotional attachment of parents with the child. In the present study also it was found that delinquents lack nurturance compared to normal boys ($p < 0.001$). Mean value of nurturance for delinquents (17.167) are less compared to normal boys (31.634). Juvenile misconduct is a potential consequence when parents fail to establish emotional bonding with them (Terlouw & JungerDas, 1992; Martens, 1992; Harada, 1995).

Protectiveness implies prevention of independent behaviour and prolongation of infantile care. The present study found that non delinquents are experiencing significantly ($p < 0.001$) high level of protectiveness compared to their delinquent counterparts. Mean value of protectiveness for normal boys (31.434) are greater than delinquents (19.3). Insecure attachment can be suggested as a reason behind delinquency. Supportive parent-child relationship reduces the risk of delinquency (Dishion, Reid & Patterson, 1988; Wells & Rankin, 1998).

In HEI, punishment is defined as physical as well as affective punishment to avoid the occurrence of undesirable behaviour. In the present study, it was found that normal boys receive significantly ($p < 0.001$) higher amount of punishment compared to their delinquent counterpart. The mean value of punishment dimension was higher for non delinquents (30.334) than delinquents (18.6). At the same time, present study also revealed that delinquents are experiencing significantly high social isolation ($p < 0.01$) and deprivation of privileges ($p < 0.001$) compared to normal boys for negative sanctions. The mean value of social isolation and deprivation of privileges for delinquents was found to be 20.867 and 21, which was higher than non delinquent's result 16.834 & 12.4 respectively. Social isolation is indicated as the use of isolation from beloved persons except family members for negative sanction. Deprivation of privileges is defined as controlling children's behaviour by depriving them or their right to seek love, respect and childcare from parents. From the study it is evident that positive discipline method (Catalano et al, 1993; Dishion, Reid & Patterson, 1988; Kellam, Brown, Rubin & Ensminger, 1983) reduces the rate of delinquency at the same time harsh methods such as love withdrawal increases the rate of delinquency.

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Conformity refers to demands to work according to parent's desires and expectations. Results of t test revealed that normal boys are experiencing significantly ($p < 0.001$) high conformity compared to their delinquent counterpart. Mean value of conformity for normal boys (33.8) are greater than delinquents (19). When the conformity level increases, children try to work in accordance with parent's directions, commands and orders that help them to avoid negative consequences such as affiliation with negative peers and they see parents as resource person. The study also found that permissiveness was also higher among non delinquents than delinquents ($P < 0.05$). Permissiveness includes provision of opportunities to child to express his views freely and act according to his desires with no interference from parents. The mean value of permissiveness for non delinquents was found to be 23.3 and for delinquents, it was 20.634. From the results we can conclude that moderation between conformity and permissiveness helped the non delinquents to avoid negative sanctions.

In HEI, reward is defined as "Material as well as symbolic rewards to strengthen or increases the probability of desired behaviour." The study found that non delinquents are receiving higher amounts of rewards than delinquents ($p < 0.001$). Mean value of reward dimensions for non delinquents (35.8) are higher than delinquents (17.267). Reward motivates the children to repeat desirable behaviours and avoid undesirable behaviours. Social learning theory suggests that children's behaviour depends on parental rewards and punishments and on the models behaviour that parents repeat (Farrington & Loeber, 1999).

Rejection implies conditional love recognizing that the child has no right as a person, no right to express his feelings, no right to uniqueness and no right to become an autonomous individual. In the present study, it was found that delinquents are experiencing significantly ($p < 0.001$) high rejection compared to normal boys. The mean value of rejection for delinquents was found to be 28.334 and for normal boys, it was 9.4. Rejection from parents destroys conscience of the child and he may behave in antisocial manner. (Brook, Whiteman, Gordon, Brook & Cohen, 1990; Cole & Zahn-Waxler, 1992)

From the results, it's evident that there is a significant difference ($p < 0.001$) between delinquents and non delinquents in relation to their home environment. Home environment is the psycho social climate of child, i.e., measure of the quality and quantity of the cognitive, emotional and emotional support that has been available to the child. The mean value of total home environment for normal boys (250.967) is greater than delinquents (202.4). Lack of care, inconsistent discipline methods, and negligence of basic needs, wrong company and other abuse may turn the child into a delinquent. The result of this study found to be in agreement with Klein & Forehand, 1997 and LeBlanc, 1992.

Home Environment and Self-Esteem: Comparative Study among Delinquent and Normal Boys

Table 2: Mean , standard deviation and t-value of variable self esteem for delinquents and normal boys.

Variable	Delinquent s n=30		Non delinquents n=30		t-value
	Mean	S D	Mean	S D	
Self esteem	202.4	22.879	250.967	15.882	9.551***

P<0.001 ***

Table 2 indicates the mean, standard deviation and t-value of variable self esteem for delinquents and normal boys. Results of t test revealed that delinquents are experiencing significantly ($p<0.001$) low level of self esteem compared to normal boys. The mean value of self esteem for normal boys (23) is greater than delinquents (16.1). Studies found that lack in self-esteem foster delinquency and delinquency may increase the self-esteem (Kelley, 1978).

CONCLUSION

The present study was aimed to compare delinquents and non delinquents in relation to their home environment and self esteem. From the results it was found that there is significant difference between home environment and self esteem of delinquents and non delinquents. Parental control, Protectiveness, punishment, conformity, reward, nurturance, and permissiveness play an important and effective role in the developmental growth of personality as well as social behaviour of the non delinquents. It was also found that delinquents are experiencing significantly low level of self esteem compared to non delinquents. Thus, from the above findings it can be concluded that Home environment and low self esteem are important indicators of delinquent behaviour and important variables which clearly differentiates between delinquent and non delinquent boys. In view of the findings it is worth to suggest that family counselling will be an effective way to guide the public to the important of healthy family environment, for the personality as well as social development of the child.

Acknowledgments

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Conflict of Interests

The author declared no conflict of interests.

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A Clinical Study of Psychiatric Morbidity and Quality of Life among Suicide Attempted Patients

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ABSTRACT

Risk of suicide is more common in patients with psychiatric disorders and poor quality of life. The aim of this study was to find out the prevalence of psychiatric morbidity and its relationship with suicide attempters. Materials and Method- The cross sectional study was carried out in Psychiatric department of MNR Medical College and Hospital. A total 70 cases of first suicide attempts were included in this study. Psychiatric morbidity and quality of life were analysed by Schedule for clinical assessment in neuropsychiatric (SCAN), Montgomery Asberg's depression rating scale (MADRS), Hamilton anxiety rating scale (HAM-A) and WHOQOL-BREF version. Statistical analysis was done by SPSS 20.0 software. Result- Among 70 cases, 92.85% of the suicide attempters had one or more psychiatric disorders compared to 21.43% among the controls. Major psychotic disorder was mood disorder (56.92%), followed by Neurotic and somatoform disorders (36.92%) and substance related disorders (32.3%). Schizophrenia and other psychotic disorders were diagnosed in 7.69% of cases. Quality of life score was assessed by WHOQOL-BREF questionnaire. The mean of total score in suicide attempters was 57.44 and in control group was 73.67. Conclusion- In the present study suicide attempters had higher psychotic morbidity and poor quality of life in comparison to the control groups.

Keywords: *Psychiatric Disorders, Quality Of Life, Attempted Suicide.*

Suicidal tendency refers to a self-destructive behaviour, myriad of cognition specific to death (Pfeffer CR et al (1991), Smith K and Crawford S (1986), Kessler RC (1999). According to WHO suicide attempt as “any act arising from a deliberate wish of self-destruction, no matter whether the intention to die was strong, ambivalent or vague” (World Health Organization (1992). National Crime Records Bureau (NCRB) report shows national average suicide rate of 11 in 100,000 and suicide rates vary across the different state of India (National Crime Records Bureau (2014). Mental disorders such as depression, anxiety, bipolar disorder, schizophrenia and alcohol/substance abuse etc. can increase the risk of suicidal behaviour in persons (World Health

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Organization (2001). Risk factors for suicidal behaviour are more complex and interacting with each other. Mood disorders and schizophrenia are the most common cause of suicide among all other risk factors (Sartorius N. et al (1986). Thus the present study was aimed to find out the prevalence rate and relationship between psychiatric disorders and quality of life among suicide attempters.

MATERIAL AND METHODS

A cross-sectional study was carried out in Psychiatric department, MNR Medical College and Hospital, Sangareddy. Institutional ethical committee approved the study. 70 cases of first suicide attempt were included in this study and all the cases were compared with 70 controls selected randomly from general population. The informed consent form was taken from all the patients. The personal data of all patients were recorded in well-designed information sheet. Psychiatric assessment was done according to SCAN based interview. Using MADRS assessed level of depression and HAM-A was used for assessing level of anxiety. WHOQOL-BREF was used to assess quality of life among suicide attempters and controls subject. All data was analysed by SPSS 20.0 software. Chi-Square test and t-test were performed to analyse the data.

RESULT

Among 70 cases, 55 (78.57%) were male and 15 (21.43%) were female patients. 92.85% of the suicide attempters had one or more psychiatric disorders compared to 21.43% among the controls. The difference was statistically significant ($P < 0.05$). Major psychotic disorder was mood disorder (56.92%), followed by Neurotic and somatoform disorders (36.92%) and substance related disorders (32.3%). Schizophrenia and other psychotic disorders were diagnosed in 7.69% of cases (Table1). Quality of life score was assessed by WHOQOL-BREF questionnaire. The mean score of physical, psychological, social and environmental domain in study group was 54.32, 53.54, 65.34, and 56.56 while in control group score was 76.45, 73.26, 77.65, 67.32 respectively. The mean of total score in suicide attempters was 57.44 and in control group was 73.67 (Table2). So the data revealed the score was higher in control group than study group and the difference was statistically significant. Thus the quality of life among control group was significantly better.

DISCUSSION

Psychological disorders are the most common risk factors in suicidal cases. Robins E et al. study revealed that suicide does not occur in absence of mental illness and alcoholism (Robins E et al (1959). In this present study 92.85% suicide attempters were found with multiple psychological disorders as compared to control group (21.43%). Our findings were comparable with other studies done by Sharma RC (1998) and Sameer Saharan et al. (2014). The most common diagnosis was mood disorder (56.92%), neurotic and somatoform disorders (36.92%) and substance related disorders (32.3%). 7.69% cases were diagnosed with schizophrenia and other psychotic disorders. Sameer Saharan et al. reported most common psychological disorder was

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mood disorder (52%), adjustment disorder (26%) and substance related disorder (28%) (Sameer Saharan et al. (2014). Klerman GL study showed anxiety disorder, somatoform disorder, panic disorder was not associated with increased risk of suicide (Klerman GL (1987). Neurotic and somatoform disorders (36.92%) were second most common psychiatric morbidity in present study. Other studies showed that adjustment disorder was more common than neurotic and somatoform disorders (Sameer Saharan et al. (2014), Chiu LW (1989), Kumar PNS (1998), Kumar PNS (1995). Substance related disorders (32.3%) were the third most common risk factors in suicide attempters. Our findings were similar to other study reports (Sameer Saharan et al. (2014), Angst J et al (1998), Oquendo MA (2006). In this current study, 21.43% control group was diagnosed with psychotic disorder. Majority of them were male than female, who suffered from psychological disorder. Nordentoft M et al. reported prevalence of psychotic disorder was 21% in control group and comparatively lower psychological disorder (13%) rate was found in another study (Nordentoft M et al (1993), Sameer Saharan et al. (2014). In this present study 7.69% cases had schizophrenia and other psychotic disorders. But Verona et al reported schizophrenia (46.9%) and bipolar disorder (55.6%) are more common in suicide attempters (Verona E et al (2004). Sato et al and Srivastava et al reported low prevalence rate of psychotic disorder associated with suicide, 16.3% and 11.6% respectively (Sato T et al (1993), Srivastava MK et al (2004). In this current study quality of life was significantly higher among control group (73.67%) than suicide attempters (57.44%). Various study reported suicide attempters had poor quality of life (Sameer Saharan et al. (2014), Phillips MR et al (2002), Cui S et al (2003), Wang S et al (2013).

In this case control study we found out that suicide attempters had higher psychiatric disorders such as depression, neurotic and somatoform disorders and substance related disorders. Poor quality of life was found out in suicide attempters as compared to control group. Therefore it is useful to assess the psychiatric morbidity and quality of life among suicide attempters, which can help us to provide proper counselling, psychotherapy and pharmacotherapy to the patients.

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Conflict of interest: None declared

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Table 1: Psychiatric disorders among suicide attempters and control group ($P < 0.05$)

Psychiatric Disorders	Suicide attempters (N= 65)	Control group (N= 15)
Mood disorders	37	5
Schizophrenia and other psychotic disorders	5	0
Neurotic and somatoform disorders	24	10
Substance related disorders	21	8

$\chi^2 = 83.5$; $df=1$; $P < 0.05$ Significant

Table 2: Quality of Life among suicide attempters and control group (WHOQOL-BREF Scale)

Quality of Life	Suicide attempters	Control group	t-test score	P value
Physical health and well being	54.32+ 14.14	76.45+ 8.96	12.5167	0.0001
Psychological health and well being	53.54+ 15.75	73.26+ 12.85	9.1268	0.0001
Social relations	65.34+ 15.20	77.65+ 12.88	6.1538	0.0001
Environmental	56.56+ 16.45	67.32+ 12.27	5.7209	0.0001
Total	57.44+ 15.38	73.67+ 11.74	8.3795	0.0001

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Biopsychosocial Distress among Offspring of Mentally Ill Clients

Joshy M George^{1*}, Reena George²

ABSTRACT

Mental illness causes social isolation of mentally ill clients and their children. The offspring of mentally ill clients experience psychosocial distress due to rejection and discrimination from the public, they experience low self-esteem due to inadequate meeting of their needs by their parental figures when comparing with their contemporary children. Offspring of mentally ill clients experience stress and inadequate coping with their parental mental illness. Families experience social isolation, financial hardship and marital discord. The children in the family were genetically, psychologically and environmentally distressed (Reupert A, Mayberry D, 2010). Children of mentally ill parents face many problems like neglect, exposure to violence and trauma, housing and custodial instability, developmental delays, stigma and isolation (Hoppingwinn A, 2012). Ineffective coping of children leads to poor psychosocial development, compromised emotional and mental wellbeing (Aldridge J, 2012). It is important to identify the Bio psychosocial distress among offspring of mentally ill clients. The main objectives of the study were to assess the Bio psychosocial distress among offspring of mentally ill clients, find the relationship among Biological, Psychological and Social distress in offspring of mentally ill clients and determine the association between bio psychosocial distress and selected demographic variables of offspring of mentally ill clients.

Keywords: *Biopsychosocial Distress, Offspring of Mentally Ill Clients*

Operational definition

Bio psychosocial distress: Bio psychosocial distress refers to the physical, mental and social tension and strain experienced by the offspring of mentally ill clients in terms of the scores obtained in response to the Modified Kessler's rating scale.

Offspring of mentally ill clients : Offspring of mentally ill clients refers to the individuals in the age group of 20 to 50 years who take care of their mentally ill parents (mother, father or both) who are on follow up or admitted in a mental health care setting.

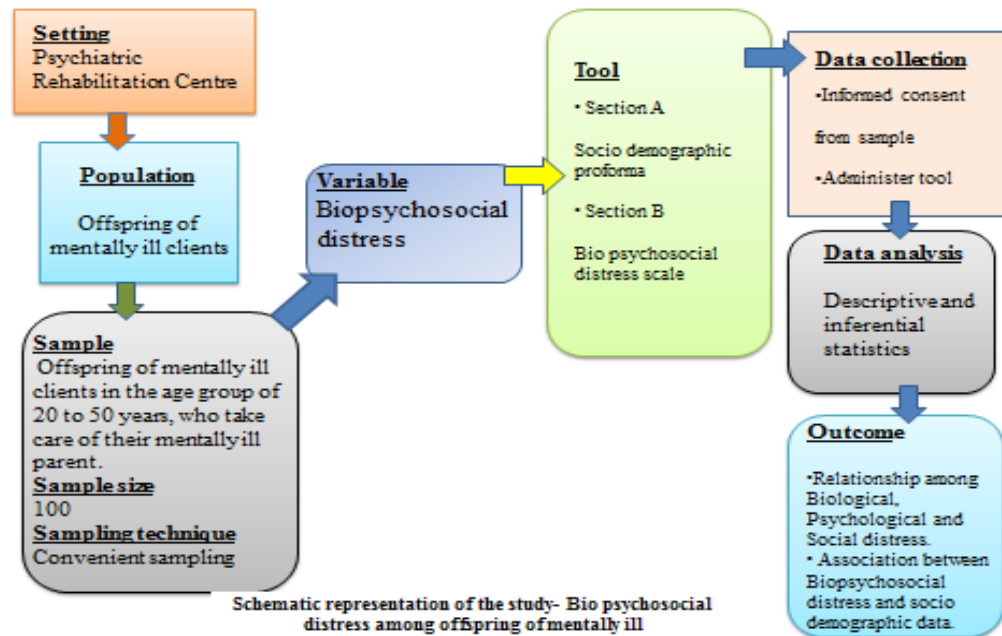
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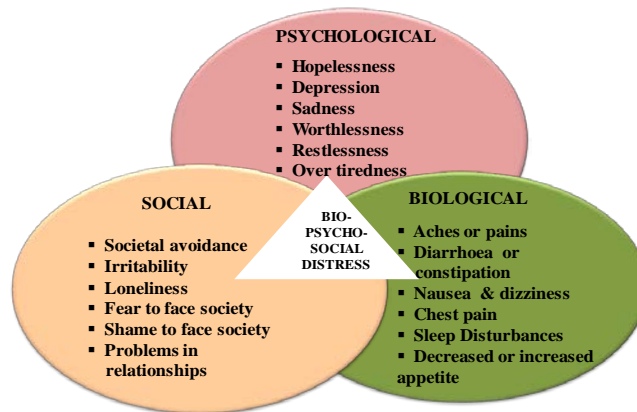
MATERIALS AND METHOD

A quantitative approach with non-experimental descriptive survey design was adopted to carry out the study. The major variable of the study was Biopsychosocial distress and the study conducted in a selected Psychiatric Rehabilitation Centre, Calicut. The Sample consisted of 100 offspring of mentally ill clients in the age group of 20 to 50 years, who take care of their mentally ill parents (mother, father or both) who are on follow up or admitted in a mental health care setting selected through convenience sampling technique. The study included only the offspring who are taking care of their mentally ill parents and related to the parents through blood or adoption. The data collection instruments were a **Socio demographic Proforma** and a bio psychosocial distress scale. It is a modified version of Kessler's psychological distress scale. The researcher included items assessing Biological and Social distress for assessing Biopsychosocial distress. The reliability coefficient of internal consistency was computed using test retest method and "Cronbach's Alpha" and it was 0.8. Ethical clearance was obtained from IRB of selected Psychiatric Rehabilitation centre and an Informed consent was obtained from offspring of mentally ill clients. Confidentiality of the information collected was ensured. Data collection period was 6 weeks. The collected data were analysed using SPSS17.



Biopsychosocial Distress among Offspring of Mentally Ill Clients

Conceptual Framework of the study



CONCEPTUAL FRAME WORK OF BIOPSYCHOSOCIAL DISTRESS AMONG OFFSPRING OF MENTALLY ILL CLIENTS BASED ON GEORGE ENGEL'S BIOPSYCHOSOCIAL MODEL

RESULTS

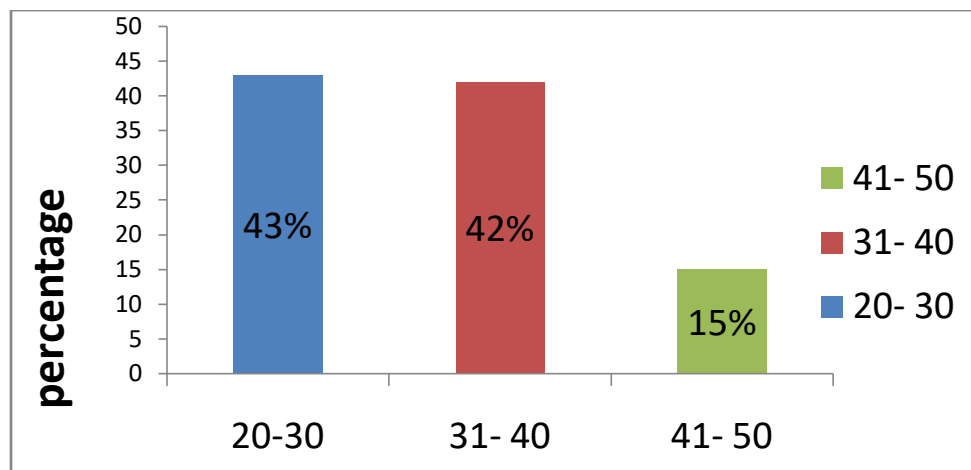


Figure 1: Distribution of sample based on age

The data depicted in figure 1 show that the majority of the sample belong to the age group of 20-30 years.

Biopsychosocial Distress among Offspring of Mentally Ill Clients

Socio demographic variables	Frequency	Percentage (%)
Marital status		
Un married	30	30
Married	43	43
Divorced	13	13
Widowed	10	10
Separated	4	4
Type of family		
Nuclear family	48	48
Joint family	52	52

Table 1-Distribution of sample based on marital status and type of family

The data in Table 1 reveal that most of the sample (43%) was married and 48% were living in nuclear family.

Socio demographic variables	Frequency	Percentage (%)
Family income		
Below 5000	16	16
5001 - 10000	52	52
10001 - 20000	30	30
Above 20000	4	4
Religion		
Hindu	28	28
Christian	34	34
Muslim	38	38

Table 2-Distribution of sample based on family income and religion

Table 2 shows that most of the sample (52%) had a monthly family income of Rs. 5001-10000 and the 28% were Hindus.

Biopsychosocial Distress among Offspring of Mentally Ill Clients

Socio demographic variables	Frequency	Percentage (%)
Education		
Basic education	32	32
High school	30	30
Higher secondary	22	22
Degree and above	16	16
Occupation		
Un employed	30	30
Daily wages	19	19
Private job	29	29
Government job	6	6
Self employed	16	16

Table 3-distribution of sample based on education and occupation

The data portrayed in Table 3 show that 32% of the sample had only basic education and 30% were unemployed.

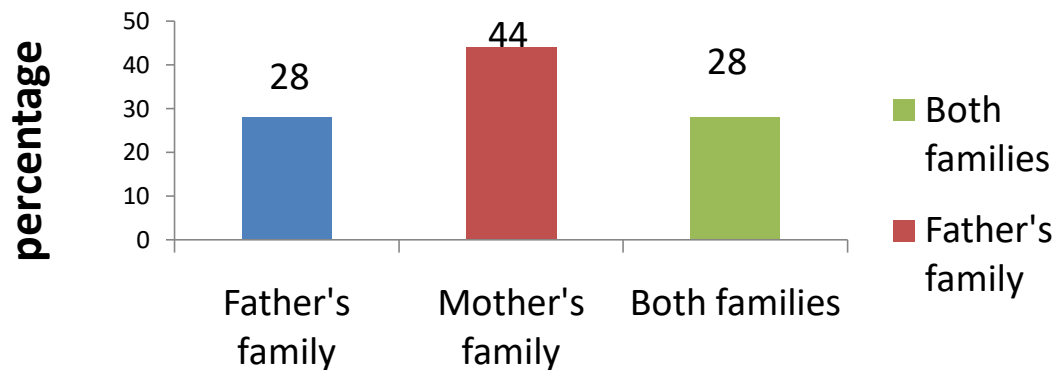


Figure 2: Distribution of sample based on family history of mental illness

The data represented in the Figure 2 reveal that most of the sample (44%) had family history of mental illness in maternal family and 28% each had mental illness in fathers family and both the families.

Biopsychosocial Distress among Offspring of Mentally Ill Clients

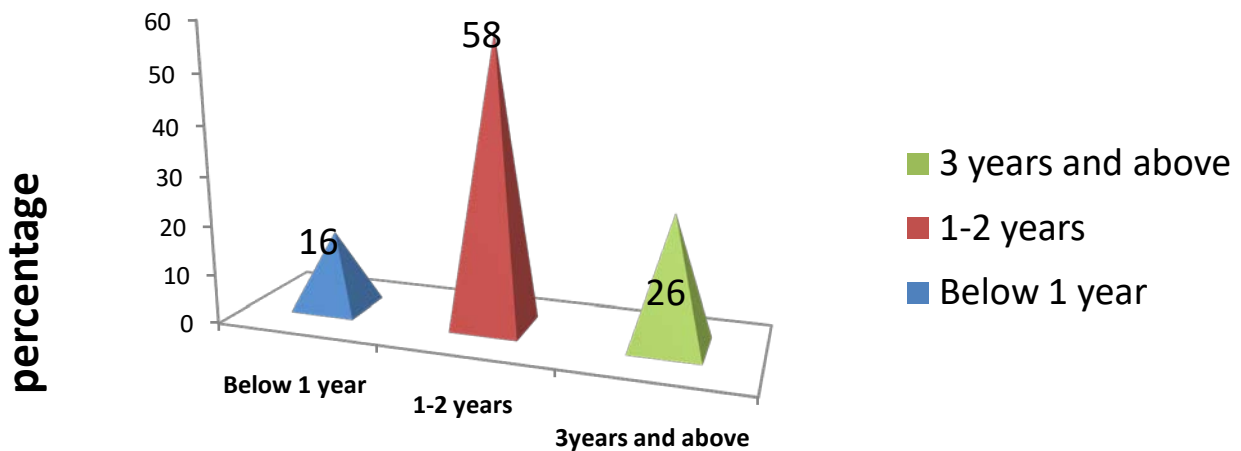


Figure 3: Distribution of sample based on duration of mental illness in their parents

The data in Figure 3 show that majority of the offspring(58%) had mental illness in their parents from 1-2 years and 26% had 3years and above.

Socio demographic variable	Frequency	Percentage (%)
Mentally ill person		
Father	27	27
Mother	58	58
Father and mother	15	15
Dependent family members		
No one	11	11
1- 2	53	53
3- 5	29	29
5 and above	7	7

Table4-distribution of sample based on mentally ill person in the family and dependent family members

The table 4 reveal that 58% of the offspring had mothers as mentally ill and 27% had fathers as mentally ill whereas 15% both the parents as mentally ill.

Biopsychosocial Distress among Offspring of Mentally Ill Clients

Variable	Category	Range of scores	Frequency (f)	Percentage (%)
Biopsychosocial distress	No distress	30 - 60	31	31
	Mild distress	60 - 75	48	48
	Moderate distress	75 - 90	16	16
	Severe distress	90 - 150	5	5

Table 5 : Frequency and percentage of sample based on Bio psychosocial distress

Table 5 disclose that 48% of the sample had mild bio psychosocial distress whereas 5% had severe bio psychosocial distress.

Variable	Category	Range of scores	Frequency (f)	Percentage (%)
Biological distress	No distress	10 - 19	28	28
	Mild distress	20 - 24	44	44
	Moderate distress	25 - 29	18	18
	Severe distress	30 - 50	10	10

Table 6 : Frequency and percentage of sample based on Biological distress

Table 6 portray that 10% of the sample had severe biological distress, 18% had moderate distress and 44% mild biological distress.

Major areas of Biological distress	Percentage (%)
Aches or pain for no good reasons	89
Diarrhoea or constipation	87
Frequent colds	92
Increased or decreased appetite	91
Sleep disturbances	85

Table 7- percentage of the sample based on Major Concerns In Biological Distress

Biopsychosocial Distress among Offspring of Mentally Ill Clients

Variable	Category	Range of scores	Frequency (f)	Percentage (%)
Psychological distress	No distress	10 - 19	33	33
	Mild distress	20 - 24	33	33
	Moderate distress	25 - 29	27	27
	Severe distress	30 - 50	7	7

Table 8 : Frequency and percentage of sample on the basis of Psychological distress

Major areas of Psychological distress	Percentage (%)
Tired out for no good reason	85
Feel that nothing could calm you down	81
Hopeless	94
Restless	93
Worthless	79

Table 9 –percentage of sample based on major concerns in psychological distress

Variable	Category	Range of scores	Frequency (f)	Percentage (%)
Social distress	No distress	10 - 19	35	35
	Mild distress	20 - 24	37	37
	Moderate distress	25 - 29	21	21
	Severe distress	30 - 50	7	7

Table 10 : Frequency and percentage of sample with regard to the Social distress

Biopsychosocial Distress among Offspring of Mentally Ill Clients

Major areas of Social distress	Percentage (%)
Personal isolation	93
Feel society is avoiding	88
Feel that not be able to do job	83
Unable to maintain smooth relationship	82
Fear to face society	82

Table 11- major concerns in social distress

Domains of distress	Pearson correlation (r)	P value
Biological and Psychological distress	0.664	0.001
Psychological and Social distress	0.712	0.001
Social and Biological distress	0.592	0.001

Table 12: Relationship among Biological, Psychological and Social distress

Variable	Chi square value	df	p value
Age	16.716	6	0.010*
Gender	6.314	3	0.097
Marital status	10.564	12	0.567
Type of family	6.287	3	0.098
Family income	6.848	9	0.653
Religion	7.253	9	0.611
Education	21.702	9	0.010*

Table 13: Association between Biopsychosocial distress and selected demographic variables

Variable	Chi square value	df	pvalue
Occupation	16.677	12	0.162
History of mental illness	1.054	6	0.983
Mentally ill person in the family	2.263	6	0.894
Duration of mental illness	8.344	6	0.214
Presence of health care professional in the family	14.625	3	0.072
Dependent family members	8.248	9	0.509
Present disease history of offspring	2.998	6	0.809

Table 14: Association between Biopsychosocial distress and selected demographic variables

CONCLUSION

The result of the study reveals that among 100 offspring of mentally ill clients, 69% had Biopsychosocial distress. Among them 48% had mild, 16% had moderate and 5% had severe Biopsychosocial distress, which has to be address critically to prevent incidence of mental illness among offspring of mentally ill. There was a significant relationship among Biological, Psychological and Social distress. There was a significant association between Biopsychosocial distress and selected demographic variables such as age and education.

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Conflict of Interests

The author declared no conflict of interests.

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Effect of Competitive Anxiety on sports Performance among College Level Players

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ABSTRACT

The present investigation was undertaken to study the Effect of Competitive Anxiety on sports Performance among College Level Players. For this 100 student players of sports like cricket, volley ball, shuttle, kho-kho, kabadi and the like studying in different Arts and Science Colleges of Puducherry region were identified and selected on the basis of their performance in different competitions during the last three years. Sports Competition Anxiety Test, constructed and standardized by Rainer Marten (1990) was used to assess the anxiety level of the players. Analysis was done by using one way ANOVA. Findings of the study reveals that high level of competitive anxiety lowers the sport performance of the student players studying in arts and science colleges of in and around Puducherry.

Keywords: *Anxiety, sports Performance, College Level Players*

Anxiety is a psychological and physiological state characterized by cognitive, somatic, emotional, and behavioral components (Seligman, Walker & Rosenhan, 2001). Anxiety is a subjective feeling of apprehension and heightened physiological arousal. Anxiety is a tendency found in all human beings, some may deny this, associating it with fear. Fear can lead to disastrous consequences whereas anxiety urges a person to enhance his/her performance thereby contributing to the person's advancement or development. Anxiety is dynamic, because it is consternation, a person's concern and enthusiasm to excel and is therefore constructive.

Sportspersons learn early in their careers how important focus and concentration are to their performance. Equally important, a player who manifests anxiety before and during competition will experience an elevated level of arousal and feelings of tension and apprehension (Levitt, 1980). Performance anxiety among sports person has been recognized by mental health practitioners for many years. Choking during competition is described as a decrease in performance due to excessive stress. So anxiety among sportspersons produces mistakes and errors in judgment. However, Performance anxiety can in fact provide a positive race-day boost

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if sportspersons learn to channel their anxiety into better performance. Anxiety does indeed produce positive effects on performance. Sportspersons may also find it helpful if their anxiety is reframed as anticipation, passion, and excitement for the upcoming competition.

A major theoretical model used to investigate anxiety intensity levels associated with performance has been the Multidimensional Anxiety Theory (**Martens, Burton, Vealey, Bump, & Smith, 1990**). According to this theory, anxiety can be separated into a cognitive or psychological reaction, and a somatic or physiological reaction. Cognitive anxiety is defined as the negative expectation and concern an individual has about performing, while somatic anxiety is defined as bodily symptoms or feelings associated with stress, such as nervousness or tension. In addition, cognitive anxiety is theorized to have a negative linear relationship with performance, while somatic anxiety is theorized to have an inverted-u or curvilinear relationship. In the past 10 to 12 years, investigators have expanded upon the MAT model by including an anxiety direction dimension to go along with the original intensity dimension. **Jones and Swain (1992)** first introduced the concept of anxiety direction, and operationally defined it as the player's facilitative and debilitative interpretation of the anxiety symptoms related to performance. Past research indicates that the direction of anxiety may be the most important dimension when comparing elite versus non elite performers, with elite athletes having more positive anxiety perceptions (**Jones, Hanton, & Swain, 1994; Jones & Swain, 1995**). Research has also investigated anxiety direction from a trait perspective. Competitive trait anxiety is concerned with general anxiety feelings associated with performance. It has been defined as perceived anxiety symptoms that predispose someone to interpret circumstances as threatening (**Weinberg & Gould, 2003**).

Research investigating state anxiety intensity and direction has demonstrated gender differences, although results have been equivocal. For instance, some researchers have reported gender differences when examining temporal patterns of anxiety and self-confidence (**Jones & Cale, 1989; Jones, Swain, & Cale, 1991**). In a study **Swain and Jones (1993)** reported cognitive and somatic state anxiety symptoms increased significantly for both males and females as the competition approached. Females reported higher state somatic anxiety scores than males. **Wiggins (1998)** reported gender differences investigating anxiety across time, with females reporting higher cognitive anxiety intensity 24 hours prior to competition, but found no anxiety direction differences.

Objective

1. To study the effect of competitive anxiety among Low, Medium and High performers in sports.
2. To study the gender difference on competitive anxiety among Low, Medium and High performers in sports.

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Hypotheses

1. High, Medium and Low achievers do not differ in competitive anxiety on the basis of their performance.
2. Male players do not differ in competitive anxiety than the female players.

METHOD

Population

The population of the study was the student players studying in different Arts and Science Colleges of Puducherry region. The population includes all kinds of players of sports like cricket, volley ball, shuttle, kho-kho, kabadi and the like. About 100 student players were identified and selected on the basis of their performance in different competitions during the last three years. The data were collected individually from the subjects through face to face interview. Each player was contacted at the playground just an hour before the intercollegiate matches.

Tool used

Sports Competition Anxiety Test, constructed and standardized by **Rainer Marten** (1990), was used to assess the anxiety level of the players. The scale consists of 15 statements with 13 positive statements and 2 negative statements. It is a three point Likert type scale ranging from hardly ever, sometimes and often. Higher the score indicates higher the anxiety and lower the score indicates lower the anxiety (reliability co-efficient ranged from 0.86 to 0.89).

RESULTS AND DISCUSSION

Anxiety was considered one of the main important psychological factor influence performance (**Raglin&Hanin, 2000**). In sport psychology, the relation between competitive state anxiety and performance has been the subject of many sport psychologist researches (**Hardy & Jones, 1994**). Studies made by (**Cox (2011); Tsorbatzoudis, Barkoukis, Sideridis and Grouios, (2002); Beilock and Carr (2001); Ntoumanis and Biddle (1998); Wann (1997); Krane and Williams (1994); Nideffer (1993); Martens et al. (1990) and Rodrigo, Lusiardo and Pereira (1990)**) also proved that players who experience higher competitive anxiety tend to have lower level of sport performance. In the present study also it has been observed from the Table No.1, that Low performers tend to show higher competitive anxiety (33.69) than the Medium performers (27.76) and High performers (16.27). It clearly advocates that higher the level of competitive anxiety lowers the level of performance among the student players studying in arts and science colleges of in and around Puducherry. The difference between the groups was also established by the obtained F value (31.42) which is statistically significant at 0.05 level. Hence it may be concluded that higher level of competitive anxiety may bring down the performance of the college level student sport players.

Players who manifest anxiety before and during competition will experience an elevated level of arousal and feelings of tension and apprehension (**Levitt, 1980**). **Swain and Jones (1993)** also

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found in their research study that there was an increase in the cognitive and somatic anxiety among both males and females as the competition approached. In particular **Wiggins (1998)** found higher cognitive anxiety among females. In the present study it is observed (Table No.2) that the mean scores of the competitive anxiety among girls (28.05) have been found higher than the boys (25.67). and the difference was also statistically established by the obtained t value (3.14) which is significant at 0.01 level. Hence it may be concluded that student players studying in arts and science colleges of in and around Puducherry do differ in their competitive anxiety level on the basis of their gender.

CONCLUSION

The results of the present study reveals that high level of competitive anxiety lowers the sport performance of the student players studying in arts and science colleges of in and around Puducherry. Hence it may be concluded that lowering the anxiety may increase the performance of the players.

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Conflict of Interests

The author declared no conflict of interests.

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Table No.1 showing the Mean, SD, and F value of competitive anxiety of student players on the basis of their performance level

Performance level	N	Mean	Std. Deviation	Std. Error	F	LS
Low performers	26	33.69	4.939	1.370	31.42	0.05
Medium performers	42	27.76	6.913	1.509		
High performers	32	16.27	5.351	1.382		

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Table No.2 showing the Mean, SD, and t value of competitive anxiety of student players on the basis of their gender.

Gender	N	Mean	Std. Deviation	Std. Error	t	LS
Male	62	25.67	9.053	1.653	3.14	0.01
Female	38	28.05	9.204	2.112		

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The Perceptual Influences of Caricature in Learning the Possibilities by Using the Cognitive Tool and By Given To Sexuality

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Afsaneh Khodayari Moghadam³

ABSTRACT

The learning indicates many differences in individuals and educational sciences continuously try to discover the best conditions for effective pedagogy and education. In respect to this, in addition to psychology science, the Cognitive Neuroscience entered into this field in order to plan and implement the educational resources proportional to needs. In present research, by using the caricature art, we consider its influence on learning the probabilities and statistics and for this; we used one of neuro-pedagogy tools. The eye-tracking tool or visual tracking as a cognition tool applied on 30 psychology students and results showed that presence of caricature perception is different in men and women. The results show that men have more perception respect to caricature in educational problems.

Keywords: *Learning; Visual Tracking; Cognitive Neuroscience*

Psychologists consider the learning as a relative permanent change that form due to experiences in individual's potential abilities. The relative permanent change means a change that less and more has persistence and it isn't temporal or instable that created by factors such as tired, drug consumption or addict to gloom. The potential ability is an ability that is present in individual but it hasn't appeared yet. For example, some of us have this ability to be a skilled pilot but now we cannot drive a plane. In this case, it is said that our ability for leading a plane is a potential ability and it hasn't applied yet. The "experience" word used to describe the changes as a learning that resulted from practice and exercise, not from maturity aspects such as length and weight growth. Maybe, the most important question of any teacher is that how it can make the learning – particularly the lessons learning- as more effective. Many of psychologists studied the learning in precise and controlled environments to discover the learning nature better and to know how make it better. So, many of factors that affect the learning, identified (Parsa, M., 1996). By given

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to using the difference sciences in education technology, it can say: 1) Psychology in education technology pay attention to condition of individuals' physical and mental growth and by given to their readiness for learning in different contexts and by selecting proper schools of learning (connectionism, cognitive, constructivism,...), the studying matters are codified and offered to learners. 2) Communications: designing the educational messages, encouraging the learners to partnership, solving the communicational problems... are among items that are used in educational technology for transferring, penetrating and percept the educational messages. 3) Art: The educational technology by using the senses features in learning (visual sense 75%, audition 13%, smell 3%, feeling 6%, taste 3%), the influence of beauty in learning, designing the pictures correctly via coordination and conflict in design, harmony in colors and by selecting the proper lines and angles, tries to approach to its effect in learning as 75% based on visual sense. Typically, the educational technology wants to use all scientific phenomenon to accelerate the learning occurrence and lost in as possible as late. Thus, using the new educational technologies and techniques are one of important pedagogical-educational issues (Fardanesh, H., 2001). Undoubtedly, learning is one of the most important mental processes because it is the base of all things that distinct us from animals and other people (Saatchi, M., 2008). The caricature art that in present research considered as an educational tool, prevailed a long period before journalism and even before invention of press industry in the world. In fact, it has an age as written history of human. This art recognized and prevailed in ancient age. The first caricatures that included the political and social issues obtained from Pompei city that buried under volcano lava and ash at 1900 years ago. These caricatures carved on stone piles and presented to public. Although, many caricatures are seen in portraits of huge painters of 16th century such as Holbain and Brugle, but the subject of caricature is emphasis on risible aspects of individuals as the caricaturing art tradition that established by Agostino Carachi in Italy at 17th century (Gharibpoor, B., 1999). Always, caricature helped artists to see precisely and reflex their viewpoints in their tableaux. However, using the caricature as a tool to develop and establish the intricate concepts, considered less in science education. In present research, we consider the reasons of exploiting the art as a tool for deeding the scientific concepts and some necessary tools to create an successful educational experience. Science and art often are introduced in two many different (and even opposite) context. Often, people consider the art as a creative sense and mood but describe the science as a context based on realities that solve the problems by a scientific step-by-step method. This viewpoint regard to science does not consider the innate creativeness in science and in apposite to assumptions, it doesn't help the students to see the science as a result of human efforts. The national research council of United States (NRC), in national standards of science education defined the science as an explorative practice. In addition, it emphasized on science as a human effort and supposed methods for emphasis on changing the manner of science education in addition to implementing the standards. To use the artistic sense and mood in science education results to reinforce the students abilities in transferring the scientific findings and introduces the science as a method for explaining the phenomenon and facilitates

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the transferring their believes to society and their classmates (Seif, A. A., 2008).

1- Visual Tracking

The eye tracking is a process to measure the attention (gaze) or the movement of one eye in relation to head (Phil Barden, 2013). The eye tracking is a tool to measuring the location and movements of eye (Andre Douchowski, 2007). This technique can be a useful method to analyzing the behavior and cognition (Leon Gerawski, 2010). By eye tracking technique, it can obtain the behavioral evidences (Paul Glimcher, 2009). The eye tracking very sensitive to attention and caution processes (Serkan Arkan, 2006) and it can use this technique to enhancing the education and learning (Hong Faho et al, 2012; Haolin Wei, 2009; Meng Jung Tsai et al, 2011). In addition, the eye-tracking tool is capable in recording the FOVEA (Mentshars Berger, Martina, 2005). The eye tracking can be used in evaluating the effectiveness of advertisements, video and graphic pictures (Andrew Douchowski, 2007).

RESEARCH METHOD

The present research, due to its nature has both descriptive and explorative design. It is descriptive because the research model tested several times and its model is completely well known. In addition, it is explorative because by using the new scientific manner we want to discover those relations that can develop the research model. The research statistical society included M.A students of psychology in Islamic Azad University of Saveh (Iran) and by given to limitation of neural examinations, the sample volume determined as 30 students (15 male and 15 female). The needed data gathered by interview as a tool to gathering the descriptive data. Also, we used the eye tracking tool to gathering the quantitative data. The data analysis divided into two parts: descriptive and quantitative. The quantitative analysis performed by eye-tracking tool and the descriptive analysis performed by interview. The eye tracking performed as photo-echologographic that controls both pupils for investigation. In present research, the normal distribution due to its importance offer via caricature. Then pictures offered to examinees. The offer length per each picture determined proper to the volume of text and pictures. Totally, 11 minutes assigned to eye tracking and 5 minutes to interview with each examinee.

RESULTS

To quantitative analysis of pupils, we used the Gazepoint software. The analyzed indices are as follow:

- a. The heat map of pupils
- b. The map of number and location of attentions
- c. The visual path of eyes or saccad map

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In figure 1, the related indices offered as image processing data.

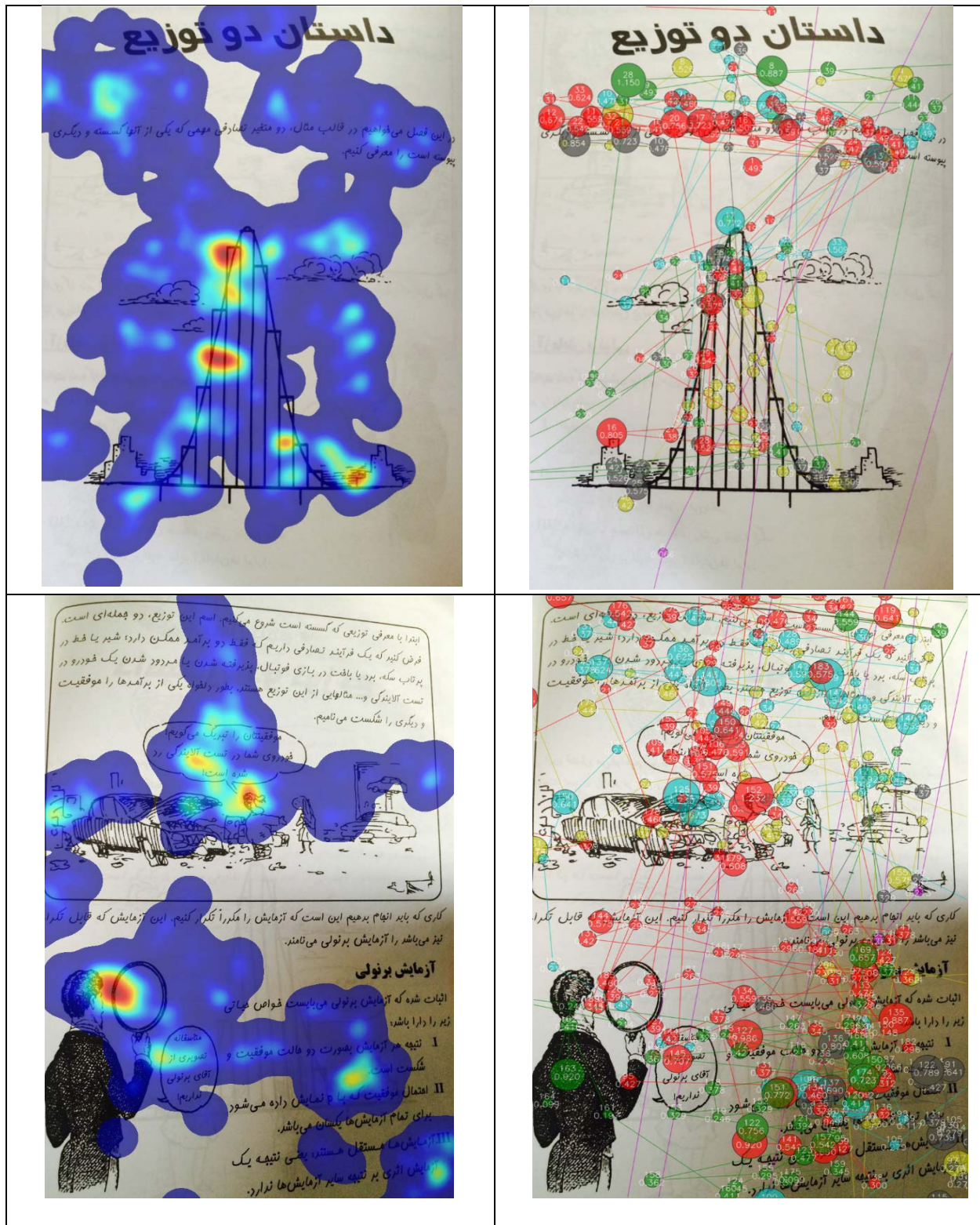


Figure 1. An output sample of eye tracker in this study

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The status of heat map indices, the fixation map and saccad

In all pictures by given to elements of text, caricature and formula, men had the most attention to formula and caricature and finally to text; but women paid the most attention to text, then to formula and finally to caricature. The heat map that show the attention focus with a distinct range, for men located more on caricature and formula, but about women, it firstly located on formula and then on caricature. The saccad map showed that in many of men, the first element that attracted their attention was caricature, they re-visited it more, and the elements of text and formula were in follow priorities. In women, the caricature element firstly attracted their attention too, but the men behavior in using the caricature to percept the statistical concept was more logical. In women, the visual path and revisiting behavior were amazing. The results of interview showed that men had a better perception of caricature than women did and they could percept the concepts by using the caricature. The eyes behavior as the main receiver in present study confirmed the interview results and based on variance analysis with MINITAB software, this behavioral different established quantitatively (in diagram 1, the $P < 0.5$ show this difference).

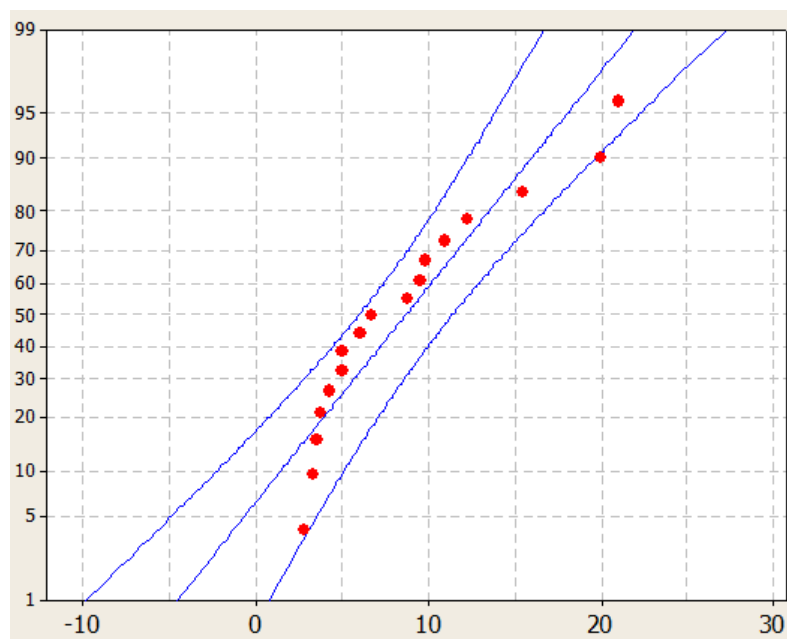


Diagram 1. The results of variance analysis

Analysis of Variance

Source	DF	SS	MS	F	P
Regression	2	132.077	66.038	271.92	0.000
Residual Error	14	3.400	0.243		
Total	16	135.477			

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SUMMARY

In this study, we concluded that using the caricature in educational matters, by given to sexuality could provide different results. The eyes' behaviors as an important receiver in body showed that in all three main indices there is a significant difference between men and women. Thus, curriculum development and content planning in education for men and women cannot be the same. In addition, naturalization of caricature by given to culture and nationality can have a significant effect. Perception of caricature is not simple and need a high attention. In women, the heat map on caricatures was very wake, even the attention order, and the ideal visual path and revisits in women didn't logical and showed amazing path. Our results showed that to optimization of educational and pedagogy matters it can plan any design by using the eye-tracker. In a study, Jonathan Rosh and Wegal (2012) considered the pupils behavior as the best tool for planning the educational methods. In present research we could investigate the interest of examinees respect to a new method. The heat map shows the pupils' diameter change that its rate is high in men. Haolin Wei (2009) in his study concluded that by eye tracker it could measure the interest easily. In advertisement issues, after attention the most important thing is interest element that may results to cognition and buying. Thus, to planning the educational and pedagogical methods, the interest can be a psychological precondition. The research results confirmed all three hypothesizes. Ismaeel Ton Bolgo (2013) in his study investigated this difference, too. In that study, the influence of sexuality on attention investigated by a mathematic education software that applied on a group of people. When they worked by this software, the eye tracking technique used to record their eyes' behavior that in attention focus and attention order indices, this difference between men and women established. In present research, we found that by given to pupil behavior, men easily cognized the test problems in regard to learning method. In Serot Bairam's study (2012) it found that having a heat map for main elements of education and having a logical visual path can be accompanied with a correct and persistent comprehension in memory.

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Conflict of Interests

The author declared no conflict of interests.

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Depression among College Going Students

Manjari^{1*}

ABSTRACT

The purpose of this study was to measure the depression level among the college students and to study it according to their age and gender. Depression is accompanied by the feelings of despondency and dejection. Two groups were selected one is male and the other is female, both groups have 64 students. Each group has 32 male and 32 female students. Data were collected from the Delhi and National capital Region College going students. In this research paper “Cognitive Self-Statements in Depression: Development of an Automatic Thoughts Questionnaire was used. “t” test was used for analysis.

Keywords: *Depression, College, Students*

“...Every ray of hope destroyed and not a wish to gild the gloom” -**Robert Burns** (1759-1796)
We all experience a moment of sadness, but these moments usually pass within a couple of days and are not indicative of depression. Depression is a prolonged sadness accompanied by various reasons such as economy, academic. Due to the advancement in technology and non-healthy lifestyle threats to the health problems have increased. Depression was initially known as “*melancholia*”. **Sigmund Freud (1856-1939)**: Founder of psychoanalysis.

Melancholia could result from mourning for an objective loss and of a subjective one when the individual's ego is compromised.

REVIEW OF LITERATURE

P Jayanthi (2015) examined that adolescents who had academic stress were at 2.4 times higher risk of depression than adolescents without academic stress.

M Anthony David (2013) found that depression was higher among the females compared to males. Ankur Barua (2011) reported that there was a significant decrease trend in world prevalence of geriatric depression, but it was significantly higher among the Indians in recent years than the rest of the world. Dr. G. M. Nagaraja (2015) found that the prevalence of depression was significantly more among those with family problems and family history of

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Depression among College Going Students

depression. Surabhi Chauhan (2014) study highlights the common but ignored problem of depression in adolescence. MS Darshan (2013) found that risk for developing depression had 4.1 times higher prevalence of harmful alcohol use compared with those who were not at risk for developing depression.

Definitions

1. According to the **World Health Organization (W.H.O.)** Depression is a common mental disorder that presents with depressed mood, loss of interest or pleasure, feelings of guilt or low self-worth, disturbed sleep or appetite, low energy, and poor concentration.[1]
2. **Seligman (1973)** referred to depression as the 'common cold' of psychiatry because of its Frequency of diagnosis.
3. The Oxford English Dictionary defines depression as "a mental condition characterized by severe feelings of hopelessness and inadequacy, typically accompanied by a lack of energy and interest in life."
4. "Depression, we are saying, is not a disease; it is a natural response to certain types of emotional introspection that result in excessive dreaming." - Human Givens, 2003, J. Griffin & I. Tyrrell

Meaning of Depression

Depression is a common mental disorder. This term is used to describe a temporary phase of sadness and loneliness experienced by every one time to time. Depression is not just sadness it is an emotion of lonely and inner madness. While depression is the leading cause of disability for both males and females, the burden of depression is 50% higher for females than males (WHO, 2008). Depending on the severity of the depression day to day activities are hindered. "Regarding depression as "just" a chemical imbalance wildly misconstrues the disorder." - Psychology Today, March 1999

Causes of Depression

1. Physiological reason for the depression has been found that the certain brain roots chemicals called neurotransmitters play an important role in regulating emotions and moods.
2. Neurotransmitters involved in depression include nor epinephrine, dopamine, and serotonin.
3. Depression is mostly cause due to negative life events.
4. According to researchers, hippocampus a region of brain that is found smaller in depressed persons
5. Hippocampus was 9% - 13% smaller in women who were depressed.
6. Social isolation (a common cause of depression in older adults).

Symptoms of Depression

1. Low mood or irritable mood most of the time
2. Trouble sleeping or sleeping too much
3. A big change in appetite, often with weight gain or loss

Depression among College Going Students

4. Tiredness and lack of energy
5. Feelings of worthlessness, self-hate, and guilt
6. Difficulty concentrating
7. Slow or fast movements
8. Lack of activity and avoiding usual activities
9. Feeling hopeless or helpless
10. Repeated thoughts of death /suicide
11. Lack of pleasure in activities you usually enjoy, including sex

Objectives of Study

- To know the difference between the level of depression among male and female students.

Hypothesis

- There is no difference in the level of depression among the male and female students.

Variables Of The Study

Variable	Type Of Variable	Sub . Variable	Name Of Variable
Gender	Independent	2	1.Male 2.Female
Depression	Dependent	-	

Instruments

ASPECT	NAME OF THE TEST	AUTHORS
DEPRESSION LEVEL	“Cognitive Self-Statements in Depression: Development of an Automatic Thoughts Questionnaire.”	Drs. Steven Hollon and Philip Kendall

Research Design:

64 male and female students were selected randomly in DELHI (NCR) areas local colleges. Students were divided in two groups. Group one “Male” had 32 numbers of students. Group two “Female” had 32 numbers of students. After collecting the data statistical analysis was done according to key for the comparison of different groups “t” test was calculated.

RESULTS AND DISCUSSIONS

Groups	N	Mean	SD	SEM	t
MALE	32	59.56	15.60	2.76	1.32
FEMALE	32	61.56	20.58	3.64	

Depression among College Going Students

This table indicates no significant difference between male and female. Females are more depressed than males.

CHARTS:

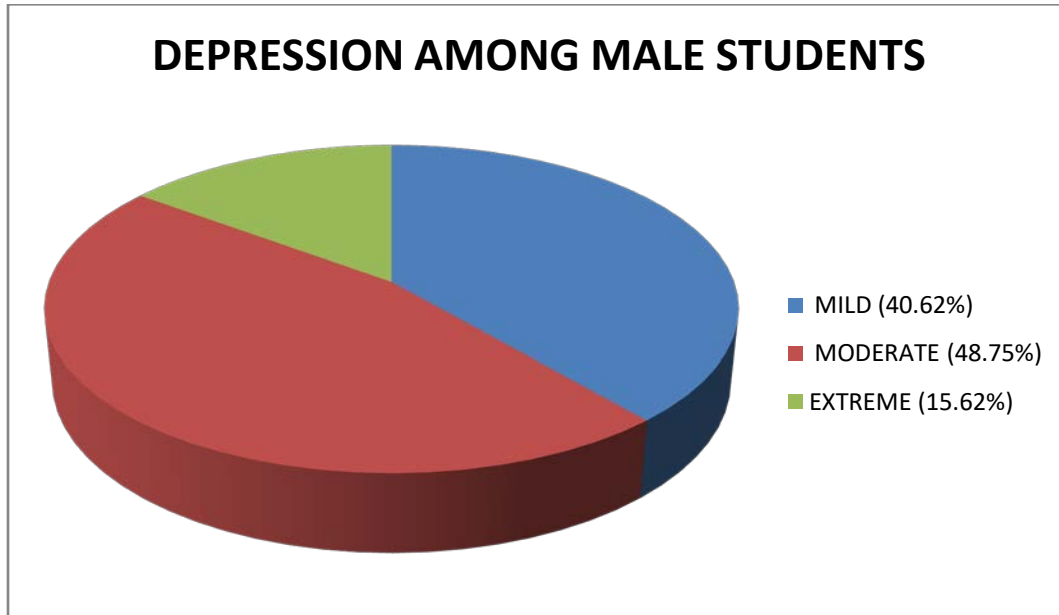


Fig1.1 - It determines depression among male college going students, as mild group indicates 40.62%, as moderate group indicates 48.75% and extreme group indicates 15.62%.

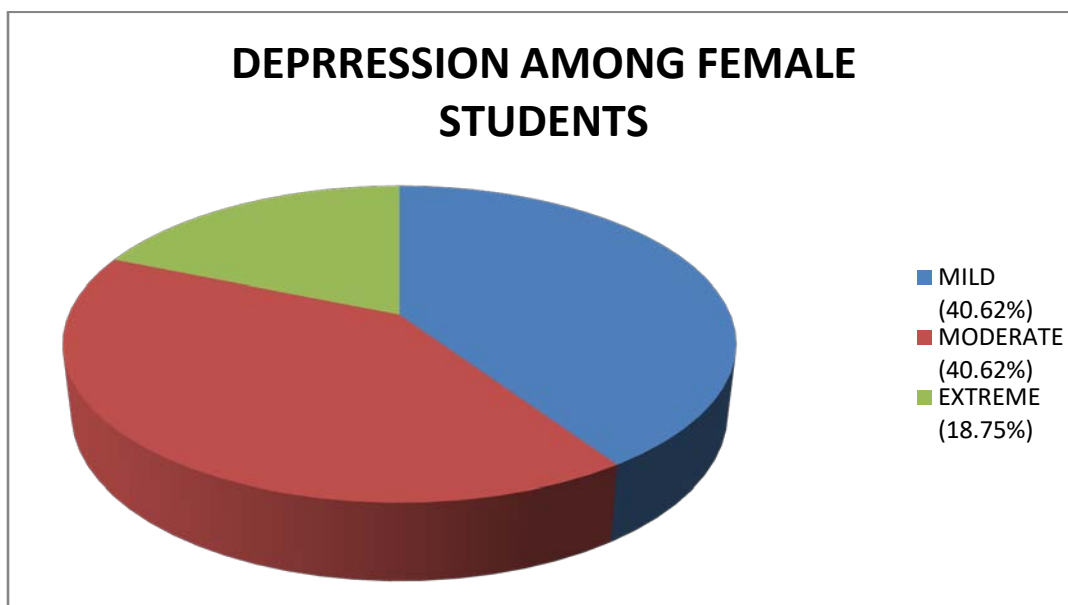


Fig1.2 - It determines depression among female college going students, as mild group indicates 40.62%, as moderate group indicates 40.62% and extreme group indicates 18.75%.

LIMITATIONS OF THE STUDY

- 1) The finding of the study is based on very sample.
- 2) The sample was restricted to Delhi (NCR).
- 3) The study was restricted to only college students.
- 4) The study was restricted students only 18-25 years only.

CONCLUSION

There is no significance difference in the level of depression among male and female college students, but female students are more depressed. College stress which includes attending classes on regular basis and no fun activity with monotonous lifestyle can be a major cause of depression in today's youth.

Acknowledgments

The author appreciates all those who participated in the study and helped to facilitate the research process.

Conflict of Interests

The author declared no conflict of interests.

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A Study of Adjustment, Life Style and Life Satisfaction of Educated Unemployed Youth

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ABSTRACT

The main aim of the present study is to find out difference in level of adjustment, life style and life satisfaction of educated unemployed people. Second purpose is to find out difference in level of adjustment, life style and life satisfaction of with male and female people. Third aim is to find out difference in level of adjustment, life style and life satisfaction among rural and urban people. Forth intended is to find out difference in level of adjustment, life style and life satisfaction among different ages of people. Fifth purpose is to find out difference in level of adjustment, life style and life satisfaction of with its interaction effect on male and female, rural and urban and different ages of people.

The sample for the study comprised of 480 randomly selected out of 500 samples. The Adjustment Neurotism Dimensional Inventory, The questionnaire developed by R N Singh and Mahesh Bhargava. This inventory consists 105 items in three response alternatives and measures seven dimensions—Self-Esteem-Self Inferiority, Happiness-Depression, calmness-anxiety, neutrality obsessiveness, independence-dependence, feeling of being healthy-hypochondria sis, innocence-guilt feeling. It can be used on both the sexes from age group 17 to 60 years. Norms are available in form of Mean & S.D. and Stenine Norms and life satisfaction questionnaire developed by Q G Alam & R Shrivastva. It contains 69 Yes/No type items which yield a total score covering six areas — health, personal, economic, marital, social and job, Standardized on 875 adults aging between 18 to 40 years. Life Style Scale developed by S. K. Bawa and S. Kaur, the scale consists 60 items into 6 Dimension like Health Conscious Life Style, Academic Oriented Life Style, Career Oriented Life Style, Socially Oriented Life Style, Trend Seeking Life Style, and Family Oriented Life Style. Data analysis of questionnaire and demographic details were subjected through SPSS for t test, Interaction Effect and Correlation.

Keywords: *Educated Unemployed Youth, Adjustment, Life Style and Life Satisfaction*

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Mani is Unique and Excellence Creation of Nature. Nature has Gifted Intelligent, Thinking and Feeling to Mankind. If the Intimation between Nature and Mankind, Most of Today's Problems Become Light but Unfortunately Today's Man is Constantly Going Away From the Nature. The Reason being the Constantly Increasing Needs and Confecting attempt to fulfill these Needs; Every Men in the Presents Competitive age is involved in the Ambition to get more and more than others.

Consequently the incomplete expectation cause to mental problems, beside the most important matter is the striking desire to make adjustment with environment, the perfect adjustment with environment indicators the height of happiness. To make life meaningful, the individual has to make constant attempt to make in every field of life and in every stage of life. In making continuous attempt to adjust in the constantly changing environment, the individual has changed him or herself, after change in his or her environment. Adjusted persona possessed balanced personality and good mental health and then they feel satisfied with life.

There have been several studies in past that have paid attention on unemployment in various concepts and in various perspectives in abroad and in India but researchers laid vary little focus on psychological perspectives of unemployment. The fundamental assumption is that, there are unemployed people facing psychological problems like adjustment, life style, and decrease life satisfaction level of unemployed people. Now, capacity to tolerate these psychological problems from person to person is vary but till they have to face them because they are unemployed. Here, in this research main focus given to age and gender and location of Gujarat state's some cities.

Unemployment

Almost every day we read in newspapers about Youth/farmers committing suicide due to a high level of indebtedness, lack of job/farm and unemployment. There was a very touching story about a young man who lost his job due to the global meltdown. He did not have the heart to tell his family, friends or neighbours about the sad development. He would therefore, leave his home every day at the normal time in the morning with his brief case, spend the day in a garden and return in the evening.

There are an increasing number of young patients visiting psychiatrists for clinical depression caused by unemployment. In recent times, many college graduates have volunteered to work absolutely free in private companies. Their objective, in an absence of a paying job, it is to get some experience and add to their resumes so that when opportunities of paying jobs arise, they have a better chance than others.

There is basic Psychological Impact on Unemployment

Youth unemployment is an area of very serious concern in India. There is some Psychological Impact on Unemployment, Adjustment, Anger, Anxiety, Avoid Social Participation, Blaming

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Themselves, and Cardiovascular Disease Increase, Crime Rate Increasing, Depression, Effect on Health, Emotional Problem, Decrease Family Support, Guilt Feeling, Helplessness and Isolation from the Society, Lack of Self Esteem and Confidence, Less Interesting, Life Satisfaction Level Decrease, Loss of Enthusiasm and Willpower Issues, Loss of Identity, Loss of Skill, Mental Health Problem, Positive Attitude decrease, Relationship Problem with others, Sleep Disorder, Smoking Behaviour Increase, Social Support decrease, Stress, Suicides, Tension and etc.

Adjustment

Adjustment is a continuous process of action in the life of a human being or an organism with a definite purpose of meeting the needs of the self the needs of the environment and the needs of the culture or society the ultimate and of the process of action of the adjustment is successful survival. The end result may be survival or extermination a continuous close watch on the life of an organism or a human being may bring out many happy and unhappy events which are based upon the struggle for successful survival. Man is an interdependent creature, always expecting the help and the cooperation from other human beings and the culture or society in which he lives, for the fulfilment of his basic needs and also maker's inevitable demands from them.

Laurence Shaffer "Adjustment is the process by which a living organism maintains balance between his needs and the circumstances that influence the satisfaction of his needs"

Adjustment as a major importance for psychologists, teachers and parents; to analyses the process we should study the development of an individual longitudinally from his birth onwards. The child, at the time of his birth, is absolutely dependent on other for the satisfaction of this need, but gradually with the age he learns to control his needs. His adjustment largely depends on his interaction with the external environment in which he lives. When the child is here, the world, for him, is a big buzzing, blooming confusion. He cannot differentiate among the various objects of his environment but as he matures he comes to learn to articulate the details of his environment through the process of sensation, perception and conception. The child in his infancy can respond and think about only concrete objects of his environment. The process of abstraction comes afterwards. The young children lack the capacity of self-control of the instinctive impulses. Anything which appears to their senses bright they try to take hold of it. Their development is purely on instinctive level. The nature of adjective process is decided by a number of factors, particularly, internal needs and external demands of the child.

Life satisfaction

Life satisfaction is a multi-dimensional concept. As noted above, the notion of quality of life and the consideration of several areas of life broaden the narrower focus on income and material conditions which prevails in other approaches. Multi-dimensionality not only requires the description of several life domains, but emphasizes the interplay between domains as this contributes to quality of life.

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Quality of life satisfaction is measured by objective as well as subjective indicators. Subjective and attitudinal perceptions are of particular relevance in identifying individual goals and orientations. Individual perceptions and evaluations are most valuable when these subjective evaluations are linked to objective living conditions. Applying both ways of measuring quality of life gives a more complete picture.

Conceptualizing Lifestyle Psychology

There are people who strictly deprive themselves of each and every eatable, drinkable, and smokable which has in any way acquired a shady reputation. They pay this price for health. And health is all they get for it. **-Mark Twain**

At the end of this chapter you will: have a working definition of lifestyle diseases and lifestyle behaviours:-

- Understand the development of a lifestyle model of disease
- Be aware of the problems with measuring lifestyle behaviours
- Recognize the multiple influences on lifestyle choice.

The decision to write a text on lifestyle psychology reflects an appreciation of the importance of the government and policy makers' use of the term lifestyle to refer to diseases where behaviour plays a part in the aetiology of the condition. In a speech in 2006, the then prime minister of Great Britain, Tony Blair, called for 'lifestyle change' to relieve the pressure on the National Health Service. The prime minister suggested that 'failure to address bad lifestyles was putting an "increasing strain" on the health service'. The centrality of the message, the role of lifestyle in health, and the role of psychology in promoting and improving lifestyle will form the focus of this text.

RESEARCH METHODOLOGY

Problem statement:

"A study of Adjustment, Life Style, and Life Satisfaction among Educated Unemployed Youth"

The Importance for the present study

Through this study researcher want to know about how many people facing problem of unemployment and what they are in front of them during unemployment condition. What kind of struggle they have to do get employment, what kind of psychological problems they faced, like for example adjustment, anger, anxiety, depressions, emotional problems, crime rate increasing, mental health problems, stress, suicides, blaming themselves, cardiovascular disease increasing, family support decreasing, isolation from the society, life satisfaction, loss of identity, loss of skills, relationship maintain problems, decrease social support, smoking behaviour increasing etc., all kind of problem faced by unemployment people.

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This study helps to systematize employment in rural and rural area. The problem of unemployment among the educated is not a new one. Present study help to know how and what kind of changes an unemployed person has made so that they can get easily employment. There is a considerable proof that suicidal tendencies are seen more in unemployed people so that what psychologist, sociologist and economist helps to reduce the suicidal tendency. There are an increasing number of young patients visiting psychiatrists for clinical depression caused by unemployment so how psychologist, sociologist, and economist facilitate unemployed people so that we can decrease psychological problem in unemployed youth.

There have been several studies in past that have paid attention on unemployment in various concepts and in various perspectives in abroad but researchers laid vary little focus on psychological perspectives of unemployment.

Objectives of Research

1. To study of Adjustment, Life satisfaction and Life Style of male and female people.
2. To study of Adjustment, Life satisfaction and Life Style of among rural and urban people.
3. To study of Adjustment, Life satisfaction and Life Style of among different ages of people.
4. To study interaction effect of Adjustment, Life satisfaction and Life Style among Gender, Live in Area and among different age's people.

Variable

Sr. No	Name of Variable	Nature of Variable	Levels of Variable	Level of Name of Variable
1	Types of Gender	Independent Variables	2	Male
				Female
2	Age	Independent Variables	3	18 to 25 Year
				26 to 33 Year
				34 and Above
3	Live in Area	Independent Variables	2	Urban
				Rural
4	Adjustment	Dependent Variables	7	Scores of Various Levels of Adjustment
5	Life Style	Dependent Variables	6	Scores of Various Levels of Life Style
6	Life Satisfaction	Dependent Variables	6	Scores of Various Levels of Life Satisfaction

Control Variable:

Note that in an experiment there may be many additional variables beyond the manipulated independent variable and the measured dependent variables. It is critical in experiments that these variables do not vary and hence bias or otherwise distort the results. There is a struggle between controls vs. authenticity in managing this.

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1. Normal people are taken in research.
2. All age was taken as sample between 18 to 40 years.
3. Only three cities included for this research.
4. Part time job working people was not included

Hypothesis

1. There is no significant difference between level of adjustment in male and female.
2. There is no significant difference between level of adjustment in Urban and Rural People.
3. There is no significant difference between levels of adjustment among different ages of people.
4. There is no significant difference between level of Life Satisfaction in male and female.
5. There is no significant difference between level of Satisfaction in Urban and Rural People.
6. There is no significant difference between levels of Life Satisfaction among different ages of people.
7. There is no significant difference between level of Life Style in male and female.
8. There is no significant difference between level of Life Style in Urban and Rural People.
9. There is no significant difference between levels of Life Style among different ages of people.
10. There is no significant difference between level of adjustment in male and female & among different ages of people.
11. There is no significant difference between level of adjustment in male and female & Urban and Rural People.
12. There is no significant difference between levels of adjustment among different ages of people & Urban and Rural People.
13. There is no significant difference between level of adjustment in male and female with & different ages of people in Urban and Rural area.
14. There is no significant difference between level of Life Satisfaction in male and female & among different ages of people.
15. There is no significant difference between level of Life Satisfaction in male and female & Urban and Rural People.
16. There is no significant difference between levels of Life Satisfaction among different ages of people & Urban and Rural People.
17. There is no significant difference between level of Life Satisfaction in male and female with & different ages of people in Urban and Rural area.
18. There is no significant difference between level of Life Style in male and female & among different ages of people.
19. There is no significant difference between level of Life Style in male and female & Urban and Rural People.
20. There is no significant difference between levels of Life Style among different ages of people & Urban and Rural People.
21. There is no significant difference between level of Life Style in male and female with & different ages of people in Urban and Rural area.

A Study of Adjustment, Life Style and Life Satisfaction of Educated Unemployed Youth

Population & Sample of the study

The researcher was collected data from the Vadodara, Ahmadabad, Anand cities of Gujarat state. Data was collected from the Employment Exchange, face to face meet to the subject, NGO, recruitment fair, ITI Job Fair, etc. Places. For these researches 480 youths of above mention cities were chosen, who's age between 18 years to 40 years was taken and the sample was randomly selected, which are educated unemployed. The data was collected personally. The sample was drawn from three categories. 1:- Male & Female, 2:- Urban and Rural Area and, 3:- Age differences Among Unemployed.

Research Tools

Personal Data Sheet

To obtain the personal details of the subjects, researcher had prepared personal data sheet. The data sheet includes the information about name of the subject, age, sex, types of family, marital status, total income, time of unemployment, religious, total family members, job, caste, educational qualification, contact number and many information was ask.

Adjustment Neurotism Dimensional Inventory

The questionnaire developed by R N Singh and Mahesh Bhargava. This inventory consists 105 items in three response alternatives and measures seven dimensions—self-esteem-self inferiority, happiness-depression, calmness-anxiety, neutrality obsessiveness, independence-dependence, feeling of being healthy-hypochondriasis, innocence-guilt feeling. It can be used on both the sexes from age group 17 to 60 years. Norms are available in form of Mean & S.D. and Stenine Norms.

1. Self-esteem-self inferiority,
2. Happiness -depression,
3. Calmness - anxiety,
4. Naturality obsessiveness,
5. Independence -dependence,
6. Feeling of being healthy- Hypochondria
7. Innocence-guilt feeling.

Life Satisfaction Scale,

The questionnaire developed by Q G Alam& R Shrivastva. It contains 69 Yes/No type items which yield a total score covering six areas — health, personal, economic, marital, social and job. Standardized on 875 adults aging between 18 to 40 years

1. Health Satisfaction
2. Personal Satisfaction
3. Economic Satisfaction
4. Marital Satisfaction
5. Social Satisfaction
6. Job Satisfaction

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Life style Scale

Life Style Scale developed by S. K. Bawa and S. Kaur, the scale consists 60 items into 6 Dimension like

1. Health Conscious Life Style,
2. Academic Oriented Life Style,
3. Career Oriented Life Style,
4. Socially Oriented Life Style,
5. Trend Seeking Life Style,
6. Family Oriented Life Style.

Procedure of Data Collection

Data collection is a term used to describe a process of preparing and collecting data - for example as part of a process improvement or similar project. The purpose of data collection is to obtain information to keep on record, to make decisions about important issues, to pass information on to others. Primarily, data is collected to provide information regarding a specific topic.

The researcher was collected data from the Vadodara, Ahmadabad, Anand cities of Gujarat state. Data was collected from the Employment Exchange, face to face meet to the subject, NGO, recruitment fair, ITI Job Fair, etc. Places. For these researches 480 youths of above mention cities were chosen, whose age between 18 years to 40 years was taken and the sample was randomly selected, which are educated unemployed. The data was collected personally. The sample was drawn from three categories. 1:- Male & Female, 2:- Urban and Rural Area and, 3:- Age differences Among Unemployed.

Research Design

2X2X3 Factorial Designs

Gender		Male		Female		Total
Live In Area		Urban	Rural	Urban	Rural	
Age	18 to 25 Year	40	40	40	40	160
	26 to 33 Year	40	40	40	40	160
	34 And Above Year	40	40	40	40	160
Total		120	120	120	120	480

Statistical analysis

The Obtained data of 480 subjects were analysed with adequate statistical methods of ANOVA, And in order to examine significant differences between two specific mean of sub groups of variable the result obtained through such statistical analysis have been presented in details in the main body of the thesis. Qualitative Analysis: - which included descriptive statistics, frequency distribution, and ratio analysis of the response given by the sample.

RESULT AND DISCUSSION OF ADJUSTMENT

Table No – 1 Showing Result of ANOVA on Adjustment of Various Group

Tests of Between-Subjects Effects						
Source	Type III Sum of Squares	Df	Mean Square	F	Sig.	Significant
Gender	1326.792	1	1326.792	3.219	.073	0.05
Age	315.453	2	157.727	.383	.682	NS
LiveinArea	3688.025	1	3688.025	8.948	.003	0.05
Gender * Age	1556.553	2	778.277	1.888	.153	NS
Gender * Live in Area	284.333	1	284.333	.690	.407	NS
Age * Live in Area	2005.764	2	1002.882	2.433	.089	NS
Gender * Age * Live in Area	1876.490	2	938.245	2.276	.104	NS
Error	190838.244	463	412.178			
TSS	201782.349	474				

Table No – 2 Showing Mean Score of Adjustment of Gender

Gender			
Dependent Variable	Gender	Mean	N
Adjustment	Female	214.450	240
	Male	217.794	240

Table No – 3 Showing Mean Score of Adjustment of Age

Age			
Dependent Variable	Age	Mean	N
Adjustment	18 to 25 Year	215.806	160
	26 to 33 Year	215.319	160
	34 and Above	217.241	160

Table No – 4 Showing Mean Score of Adjustment of Live in Area

Live in Area			
Dependent Variable	Live in Area	Mean	N
Adjustment	Urban	218.909	240
	Rural	213.335	240

Table No – 5 Showing Mean Score of Adjustment of Gender and Age

Gender * Age				
Dependent Variable	Gender	Age	Mean	N
Adjustment	Female	18 to 25 Year	216.476	80
		26 to 33 Year	213.387	80
		34 and Above	213.487	80
	Male	18 to 25 Year	215.136	80
		26 to 33 Year	217.250	80
		34 and Above	220.995	80

Table No – 6 Showing Mean Score of Adjustment of Gender and Live in Area

Gender * Live in Area				
Dependent Variable	Gender	Live in Area	Mean	N
Adjustment	Female	Urban	216.463	120
		Rural	212.437	120
	Male	Urban	221.355	120
		Rural	214.232	120

Table No – 7 Showing Mean Score of Adjustment of Age and Live in Area

Age * Live in Area				
Dependent Variable	Age	Live in Area	Mean	N
Adjustment	18 to 25 Year	Urban	219.688	80
		Rural	211.924	80
	26 to 33 Year	Urban	219.895	80
		Rural	210.742	80
	34 and Above	Urban	217.145	80
		Rural	217.337	80

Table No – 8 Showing Mean Score of Adjustment of Gender, Age and Live in Area

Gender * Age * Live in Area					
Dependent Variable	Gender	Age	Live in Area	Mean	N
Adjustment	Female	18 to 25 Year	Urban	220.000	40
			Rural	212.951	40
		26 to 33 Year	Urban	219.390	40
			Rural	207.385	40
		34 and Above	Urban	210.000	40
			Rural	216.974	40
	Male	18 to 25 Year	Urban	219.375	40
			Rural	210.897	40
		26 to 33 Year	Urban	220.400	40
			Rural	214.100	40
		34 and Above	Urban	224.289	40
			Rural	217.700	40

Table No 1 Shows The Result of ANOVA on Adjustment of Various Groups of Gender Shows That F Ratio for Types of Gender on Adjustment is 3.219 which is Significant at 0.05 Level; therefore *Null Hypothesis is Rejected* that is *There Is No Significant Difference between Level of Adjustment in Male and Female*. It Means Significant Differences is Existed Between Male and Female in Adjustment during the Unemployed Condition. By the Same Point of View Table No – 2Shows that the mean Scores of Adjustment of Male is 214.450 and mean Scores of Adjustment of Female is 217.794. It is Clearly Said that Significant Difference Were between Adjustment of Male and female in Unemployment Condition. Here we can Say that Male Have

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Problem to Do Adjustment in the Unemployment Condition in Compare to Female, Female can do better adjustment even in Unemployment Condition. Male have Problems of Adjustment in the Area of establishment of a Satisfaction Relationship, Physical Health, Psychological Comfort, Work Efficiency and Social Acceptance. Here in the same for female, they can adjustment better in compare to male.

Table No 1 Shows The Result of ANOVA on Adjustment of Various Groups of Age Shows That F Ratio for Types of Age on Adjustment is 0.383 which is Not Significant; therefore ***Null Hypothesis is accepted*** that is ***There Is No Significant Difference between Level of Adjustment among different ages of people.*** It Means No Significant Differences is Found Between different ages of people in Adjustment during the Unemployed Condition. By the Same Point of View Table No – 3 Shows that the mean Scores of Adjustment among different ages of people in Age Group of 18 to 25 Year is 215.806, Age Group of 26 to 33 Year is 215.319 and Age Group of 34 and above is 217.241 It is Clearly Said that there is no Significant Difference Were between Adjustment among different ages of people in the Unemployment Condition. Here we can Say that among different ages of people Do not have any problem of Adjustment in the Unemployment Condition; people can do better adjustment even in Unemployed Condition. Any age group of people does Adjustment in the Area of establishment of a Satisfaction Relationship, Physical Health, Psychological Comfort, Work Efficiency and Social Acceptance.

Table No 1 Shows The Result of ANOVA on Adjustment of Various Group of Live in Area Shows That F Ratio for Types of Live in Area Shows on Adjustment is 8.948 which is Significant at 0.05 Level; therefore ***Null Hypothesis is rejected*** that is ***there is no significant difference between level of adjustment in Urban and Rural People.*** It Means Significant Differences is Existed Between Urban and Rural People in Adjustment during the Unemployed Condition. By the Same Point of View Table No – 4 Shows that the mean Scores of Adjustment of Urban is 218.909 and mean Scores of Adjustment of Rural is 213.335. It is Clearly Said that Significant Difference Were between Adjustment of Urban and Rural People in the Condition of Unemployment. Here we can Say that Urban People Have Less Problem to Do Adjustment in the Condition of Unemployment in Compare to Rural People, Rural People can't do better adjustment even in Unemployed Condition. Rural People have Problems of Adjustment in the Area of establishment of a Satisfaction Relationship, Physical Health Because of taking Tobacco, Alcohol etc., Here in the same for Urban People, People Can adjustment better in compare to Rural Propel.

Table No 1 Shows The Result of ANOVA on Interaction Effect on Adjustment of Various Groups of gender and Age Shows That F Ratio for Type of gender and Types of Age on Adjustment is 1.888 which is Not Significant; therefore ***Null Hypothesis is accepted*** that is ***There is No Significant Difference between Level of Adjustment in Male and Female & among Different Ages of People.*** It Means No Significant Differences is Found between Types

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of gender and different ages of people in Adjustment during the Unemployed Condition. By the Same Point of View Table No – 5 Shows that the mean Scores of Adjustment among types of gender and different ages of people; Female Age Group of 18 to 25 Year is 216.476, Age Group of 26 to 33 Year is 213.387 and Age Group of 34 and above is 213.487, for male Age Group of 18 to 25 Year is 215.136, Age Group of 26 to 33 Year is 217.250 and Age Group of 34 and above is 220.995, It is Clearly Said that there is no Significant Difference Were between Adjustment among Types of Gender and different ages of people in the Unemployed Condition. Here we can Say that among Types of Gender And different ages of people Do not have any problem of Adjustment in the Unemployed Condition; People can do better adjustment even in Unemployed Condition. Types of gender and any age group of people do better Adjustment in the Area of establishment of a Satisfaction Relationship, Physical Health, Psychological Comfort, Work Efficiency and Social Acceptance.

Table No 1 Shows The Result of ANOVA on Interaction Effect on Adjustment of Various Groups of gender and Types of Live in Area Shows That F Ratio for Type of gender and Types of Live in Area on Adjustment is 0.690 which is Not Significant; therefore *Null Hypothesis is accepted* that is *There is no significant difference between level of adjustment in male and female & Urban and Rural People*. It Means No Significant Differences is Found between Types of gender and different Types of Live in Area people in Adjustment during the Unemployed Condition. By the Same Point of View Table No – 6 Shows that the mean Scores of Adjustment among types of gender and different Types of Live in Area of people; Female who live in Urban area is 216.463, Female who live in Rural area is 212.437, Male who live in Urban area is 221.355, Male who live in Rural area is 214.232; It is Clearly Said that there is no Significant Difference Were between Adjustment among Types of Gender and Types of Live in Area of people in the Unemployed Condition. Here we can Say that among Types of Gender and different Types of Live in Area people do not have any problem of Adjustment in the Unemployed Condition, People can do better adjustment even in Unemployed Condition. Types of gender and Types of Live in Area people do better Adjustment in the Area of establishment of a Satisfaction Relationship, Physical Health, Psychological Comfort, Work Efficiency and Social Acceptance.

Table No 1 Shows The Result of ANOVA on Interaction Effect on Adjustment of Various Groups of Ages and Types of Live in Area Shows That F Ratio for Type of Ages and Types of Live in Area on Adjustment is 2.433 which is Not Significant; therefore *Null Hypothesis is accepted* that is *There is no significant difference between levels of adjustment among different ages of people & Urban and Rural People*. It Means No Significant Differences is Found between Types of Different Ages and different Types of Live in Area people in Adjustment during the Unemployed Condition. By the Same Point of View Table No – 7 Shows that the mean Scores of Adjustment among types of Ages and different Types of Live in Area of people; Age Group of 18 to 25 Year is who live in Urban area is 219.688, Age Group of 18 to 25

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Year is who live in Rural area is 211.924, Age Group of 26 to 33 Year is who live in Urban area is 219.895, Age Group of 26 to 33 Year is who live in Rural area is 210.742, Age Group of 34 and Above Year is who live in Urban area is 217.145, Age Group of 34 and Above is who live in Rural area is 217.337; It is Clearly Said that there is no Significant Difference Were between Adjustment among Types of Ages and Types of Live in Area of people in the Unemployed Condition. Here we can Say that among Types of Ages and different Types of Live in Area people Do not have any problem of Adjustment in the Unemployed Condition; People can do better adjustment even in Unemployed Condition. Types of Ages and Types of Live in Area people do better Adjustment in the Area of establishment of a Satisfaction Relationship, Physical Health, Psychological Comfort, Work Efficiency and Social Acceptance.

Table No 1 Shows The Result of ANOVA on Interaction Effect on Adjustment of Various Groups of Types of Gender, Different Ages Groups and Types of Live in Area Shows That F Ratio for Types of Gender, Type of Ages and Types of Live in Area on Adjustment is 2.276 which is Not Significant; therefore *Null Hypothesis is accepted* that is *There is no significant difference between level of adjustment in male and female with & different ages of people in urban and rural area*. It Means No Significant Differences is Found between Types of Gender, Types of Different Ages and different Types of Live in Area people in Adjustment during the Unemployed Condition. By the Same Point of View Table No – 8 Shows that the mean Scores of Adjustment among Types of Gender, types of Ages and different Types of Live in Area of people; Female Age Group of 18 to 25 Year is who live in Urban area is 220.000, Age Group of 18 to 25 Year is who live in Rural area is 212.951, Female Age Group of 26 to 33 Year is who live in Urban area is 219.390, Age Group of 26 to 33 Year is who live in Rural area is 207.385, Age Group of 34 and Above Year is who live in Urban area is 210.000, Age Group of 34 and Above is who live in Rural area is 216.974; Male Age Group of 18 to 25 Year is who live in Urban area is 219.375, Age Group of 18 to 25 Year is who live in Rural area is 210.897, Male Age Group of 26 to 33 Year is who live in Urban area is 220.400, Age Group of 26 to 33 Year is who live in Rural area is 214.100, Age Group of 34 and Above Year is who live in Urban area is 224.289, Age Group of 34 and Above is who live in in Rural area is 217.700; It is Clearly Said that there is no Significant Difference Were between Adjustment among Different gender, Types of Ages and Types of Live in Area of people in the Unemployed Condition. Here we can Say that among Different Gender, Types of Ages and different Types of Live in Area people Do not have any problem of Adjustment in the Unemployed Condition, People can do better adjustment even in Unemployed Condition. Different gender, Types of Ages and Types of Live in Area people do better Adjustment in the Area of establishment of a Satisfaction Relationship, Physical Health, Psychological Comfort, Work Efficiency and Social Acceptance.

RESULT AND DISCUSSION OF LIFE STYLE

Table No – 09 Showing Result of ANOVA on Life Style of Various Group

Tests of Between-Subjects Effects						
Source	Type III Sum of Squares	Df	Mean Square	F	Sig.	Significant
Gender	104035.809	1	104035.809	275.979	.000	0.01
Age	1200.266	2	600.133	1.592	.205	NS
Live in Area	4664.661	1	4664.661	12.374	.000	0.01
Gender * Age	9981.323	2	4990.662	13.239	.000	0.01
Gender * Live in Area	12122.770	1	12122.770	32.158	.000	0.01
Age * Live in Area	1302.358	2	651.179	1.727	.179	NS
Gender * Age * Live in Area	3760.667	2	1880.333	4.988	.007	0.05
Error	176422.268	468	376.971			
TSS	313538.531	479				

Table No –10 Showing Mean Score of Life Style of Gender

Gender			
Dependent Variable	Gender	Mean	N
Life Style	Female	181.292	240
	Male	210.739	240

Table No – 11 Showing Mean Score of Life Style of Age

Age			
Dependent Variable	Age	Mean	N
Life Style	18 to 25 Year	197.664	160
	26 to 33 Year	193.882	160
	34 and Above Years	196.500	160

Table No –12 Showing Mean Score of Life Style of Live in Area

Live in Area			
Dependent Variable	Live in Area	Mean	N
Life Style	Urban	192.898	240
	Rural	199.133	240

Table No – 13 Showing Mean Score of Life Style of Gender and Age

Gender * Age				
Dependent Variable	Gender	Age	Mean	N
Life Style	Female	18 to 25 Year	189.088	80
		26 to 33 Year	177.775	80
		34 and Above Years	177.013	80
	Male	18 to 25 Year	206.240	80
		26 to 33 Year	209.989	80
		34 and Above Years	215.987	80

Table No –14 Showing Mean Score of Life Style of Gender and Live in Area

Gender * Live in Area				
Dependent Variable	Gender	Live in Area	Mean	N
Life Style	Female	Urban	183.200	120
		Rural	179.383	120
	Male	Urban	202.595	120
		Rural	218.883	120

Table No – 15 Showing Mean Score of Life Style of Age and Live in Area

Age * Live in Area				
Dependent Variable	Age	Live in Area	Mean	N
Life Style	18 to 25 Year	Urban	192.342	80
		Rural	202.986	80
	26 to 33 Year	Urban	191.213	80
		Rural	196.551	80
	34 and Above Years	Urban	195.138	80
		Rural	197.862	80

Table No –16 Showing Mean Score of Life Style of Gender, Age and Live in Area

Gender * Age * Live in Area					
Dependent Variable	Gender	Age	Live in Area	Mean	N
Life Style	Female	18 to 25 Year	Urban	191.325	40
			Rural	186.850	40
		26 to 33 Year	Urban	181.500	40
			Rural	174.050	40
		34 and Above Years	Urban	176.775	40
			Rural	177.250	40
	Male	18 to 25 Year	Urban	193.359	40
			Rural	219.122	40
		26 to 33 Year	Urban	200.927	40
			Rural	219.051	40
		34 and Above Years	Urban	213.500	40
			Rural	218.475	40

Table No 9 Shows The Result of ANOVA on Life Style of Various Groups of Gender Shows That F Ratio for Types of Gender on Life Style is 275.979 which is Significant at 0.01 Level; therefore *Null Hypothesis is rejected* that is *There Is No Significant Difference between Level of Life Style in Male and Female*. It Means Significant Differences is Found Between Male and Female in Life Style during the Unemployed Condition. By the Same Point of View Table No – 10 Shows that the mean Scores of Life Style of Male is 210.739 and mean Scores of Life Style of Female is 181.292. It is Clearly Indicate that Significant Difference Were between Life Style of

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Male and Female is Differences in Unemployed Condition. Here we can Say that Male Have Problem of Life Style in the Unemployed Condition in Compare to Female, Female can Adjust Life Style even in Unemployed Condition. Male have Problems of Life Style in the Area of Establishment of a Satisfaction Relationship, Physical Health, Psychological Comfort, Work Efficiency and Social Acceptance. Here in the same for Female but they can Maintain Life Style in compare to male.

Table No 9 Shows The Result of ANOVA on Life Style of Various Groups of Age Shows That F Ratio for Types of Age on Life Style is 1.592 which is Not Significant; therefore *Null Hypothesis is accepted* that is ***There Is No Significant Difference between Level of Life Style among different ages of people.*** It Means No Significant Differences is Found Between different ages of people in Life Style during the Unemployed Condition. By the Same Point of View Table No –11 Shows that the mean Scores of Life Style among different ages of people in Age Group of 18 to 25 Year is 197.664, Age Group of 26 to 33 Year is 193.882 and Age Group of 34 and Above Years is 196.500. It is Clearly indicate that there is no Significant Difference Were between Life Style among different ages of people in Unemployed Condition. Here we can Say that among different ages of people do not have any problem of Life Style in Unemployed Condition. Any age groups of people can Maintain Life Style even in Unemployed Condition. Any age group of people sustains their Life Style in the Area of establishment of a Satisfaction Relationship, Physical Health, Psychological Comfort, Work Efficiency and Social Acceptance. Table No 9 Shows The Result of ANOVA on Life Style of Various Group of Live in Area Shows That F Ratio for Types of Live in Area Shows on Life Style is 12.374 which is Significant at 0.01 Level; therefore *Null Hypothesis is rejected* that is ***there is no significant difference between level of Life Style in Urban and Rural People.*** It Means Significant Differences is Existed Between Urban and Rural People in Life Style during the Unemployed Condition. By the Same Point of View Table No – 12 Shows that the mean Scores of Life Style of Urban is 192.898 and mean Scores of Life Style of Rural is 199.133. It is Clearly Indicate that Significant Difference Were between Life Style of Urban and Rural People is Differences in Unemployed Condition. Here we can Say that Urban People Have Less Problem to Maintain Life Style in Unemployed Condition in Compare to Rural People, Rural People can't sustain Life Style even in Unemployed Condition. Rural People have Problems of Life Style in the Area of establishment of a Satisfaction Relationship, Physical Health Because of taking Tobacco, Alcohol etc.; here in the same for Urban People but they can sustain Life Style in compare to Rural People.

Table No 9 Shows The Result of ANOVA on Interaction Effect on Life Style of Various Groups of Gender and Age Shows That F Ratio for Type of gender and Types of Age on Life Style is 13.239 which is Significant at 0.01 Level; therefore *Null Hypothesis is Rejected* that is ***There is No Significant Difference between Level of Life Style in Male and Female & among Different Ages of People.*** It Means Significant Differences is Found between Types of gender and

different ages of people in Life Style during the Unemployed Condition. By the Same Point of View Table No –13 Shows that the mean Scores of Life Style among types of gender and different ages of people; Female Age Group of 18 to 25 Year is 189.088, Female Age Group of 26 to 33 Year is 177.775 and Female Age Group of 34 and Above Years is 177.013, for male Age Group of 18 to 25 Year is 206.240, Male Age Group of 26 to 33 Year is 209.989 and Male Age Group of 34 and Above Years is 215.987, It is Clearly Indicate that there is Significant Difference Were between Life Style among Types of Gender and Different Ages of People in Unemployed Condition. Here we can Say that among Types of Gender and different ages of people have problem of Life Style in the Condition of Unemployment any gender and any age group of people, People can't maintain Life Style even in Unemployment Condition. Types of gender and any age group of people do not maintain Life Style in the Area of establishment of a Satisfaction Relationship, Physical Health, Psychological Comfort, Work Efficiency and Social Acceptance.

Table No 9 Shows The Result of ANOVA on Interaction Effect on Life Style of Various Groups of gender and Types of Live in Area Shows That F Ratio for Type of gender and Types of Live in Area on Life Style is 32.158 which is Significant at 0.01 Level; therefore ***Null Hypothesis is Rejected*** that is ***There is no significant difference between level of Life Style in male and female & Urban and Rural People***. It Means Significant Differences is Found between Types of gender and different Types of Live in Area people in Life Style during the Unemployed Condition. By the Same Point of View Table No –14 Shows that the mean Scores of Life Style among types of gender and different Types of Live in Area of people; Female who live in Urban area is 183.200, Female who live in Rural area is 179.383, Male who live in Urban area is 202.595, Male who live in Rural area is 218.883; It is Clearly indicate that there is Significant Difference Were between Life Style among Types of Gender and Types of Live in Area of people in Unemployed Condition. Here we can Say that among Types of Gender and different Types of Live in Area people do not have any problem of Life Style in Unemployed Condition, People maintain or have better Life Style even in Unemployment Condition. Types of gender and Types of Live in Area people do better Life Style in the Area of establishment of a Satisfaction Relationship, Physical Health, Psychological Comfort, Work Efficiency and Social Acceptance.

Table No 9 Shows The Result of ANOVA on Interaction Effect on Life Style of Various Groups of Ages and Types of Live in Area Shows That F Ratio for Type of Ages and Types of Live in Area on Life Style is 1.727 which is Not Significant; therefore ***Null Hypothesis is Accepted*** that is ***There is no significant difference between levels of Life Style among different ages of people & Urban and Rural People***. It Means Significant Differences is Not Found between Types of Different Ages and different Types of Live in Area people in Life Style during the Unemployed Condition. By the Same Point of View Table No –15 Shows that the mean Scores of Life Style among types of Ages and different Types of Live in Area of people; Age Group of 18 to 25 Year

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is who live in Urban area is 192.342, Age Group of 18 to 25 Year is who live in Rural area is 202.986, Age Group of 26 to 33 Year is who live in Urban area is 191.213, Age Group of 26 to 33 Year is who live in Rural area is 196.551, Age Group of 34 and Above Years is who live in Urban area is 195.138, Age Group of 34 and Above Years is who live in Rural area is 197.862; It is Clearly indicate that there is No Significant Difference Were between Life Style among Types of Ages and Types of Live in Area of people in Unemployed Condition. Here we can Say that among Types of Ages and different Types of Live in Area people have problem of Life Style in Unemployed Condition, People cannot maintain Life Style even in Unemployed Condition. Types of Ages and Types of Live in Area people cannot maintain Life Style in the Area of establishment of a Satisfaction Relationship, Physical Health, Psychological Comfort, Work Efficiency and Social Acceptance.

Table No 9 Shows The Result of ANOVA on Interaction Effect on Life Style of Various Groups of Types of Gender, Different Ages Groups and Types of Live in Area Shows That F Ratio for Types of Gender, Type of Ages and Types of Live in Area on Life Style is 4.988 which is Significant at 0.05 Level; therefore *Null Hypothesis is Rejected* that is *There is no significant difference between level of Life Style in male and female with & different ages of people in urban and rural area*. It Means Significant Differences is Found between Types of Gender, Types of Different Ages and different Types of Live in Area people in Life Style during the Unemployed Condition. By the Same Point of View Table No – 16 Shows that the mean Scores of Life Style among Types of Gender, types of Ages and different Types of Live in Area of people; Female Age Group of 18 to 25 Year is who live in Urban area is 191.325, Female Age Group of 18 to 25 Year is who live in Rural area is 186.850, Female Age Group of 26 to 33 Year is who live in Urban area is 181.500, Female Age Group of 26 to 33 Year is who live in Rural area is 174.050, Female Age Group of 34 and Above Years is who live in Urban area is 176.775, Female Age Group of 34 and Above Years is who live in Rural area is 177.250; Male Age Group of 18 to 25 Year is who live in Urban area is 193.359, Male Age Group of 18 to 25 Year is who live in Rural area is 219.122, Male Age Group of 26 to 33 Year is who live in Urban area is 200.927, Male Age Group of 26 to 33 Year is who live in Rural area is 219.051, Male Age Group of 34 and Above Years Year is who live in Urban area is 213.500, Male Age Group of 34 and Above Years is who live in Rural area is 218.475; It is Clearly Indicate that there is Significant Difference Were between Life Style among Different gender, Types of Ages and Types of Live in Area of people in Unemployed Condition. Here we can Say that among Different Gender, Types of Ages and different Types of Live in Area people have problem of Life Style in Unemployed Condition, People cannot maintain Life Style even in Unemployment Condition.

RESULT AND DISCUSSION OF LIFE SATISFACTION

Table No –17 Showing Result of ANOVA on Life Satisfaction of Various Group

Tests of Between-Subjects Effects						
Source	Type III Sum of Squares	Df	Mean Square	F	Sig.	Significant
Gender	1441.227	1	1441.227	61.037	.000	0.01
Age	35.704	2	17.852	.756	.470	NS
Live in Area	31.770	1	31.770	1.345	.247	NS
Gender * Age	211.897	2	105.948	4.487	.012	0.05
Gender * Live in Area	33.499	1	33.499	1.419	.234	NS
Age * Live in Area	7.143	2	3.571	.151	.860	NS
Gender * Age * Live in Area	3.428	2	1.714	.073	.930	NS
Error	10932.577	463	23.612			
TSS	12695.318	474				

Table No – 18 Showing Mean Score of Life Satisfaction of Gender

Gender			
Dependent Variable	Gender	Mean	N
Life Satisfaction	Female	97.017	240
	Male	93.532	240

Table No –19 Showing Mean Score of Life Satisfaction of Age

Age			
Dependent Variable	Age	Mean	N
Life Satisfaction	18 to 25 Year	95.425	160
	26 to 33 Year	95.509	160
	34 and Above	94.889	160

Table No – 20 Showing Mean Score of Life Satisfaction of Live in Area

Live in Area			
Dependent Variable	Live in Area	Mean	N
Life Satisfaction	Urban	95.533	240
	Rural	95.016	240

Table No – 21 Showing Mean Score of Life Satisfaction of Gender and Age

Gender * Age				
Dependent Variable	Gender	Age	Mean	N
Life Satisfaction	Female	18 to 25 Year	96.351	80
		26 to 33 Year	97.244	80
		34 and Above	97.456	80
	Male	18 to 25 Year	94.499	80
		26 to 33 Year	93.775	80
		34 and Above	92.322	80

Table No – 22 Showing Mean Score of Life Satisfaction of Gender and Live in Area

Gender * Live in Area				
Dependent Variable	Gender	Live in Area	Mean	N
Life Satisfaction	Female	Urban	97.010	120
		Rural	97.024	120
	Male	Urban	94.057	120
		Rural	93.008	120

Table No –23 Showing Mean Score of Life Satisfaction of Age and Live in Area

Age * Live in Area				
Dependent Variable	Age	Live in Area	Mean	N
Life Satisfaction	18 to 25 Year	Urban	95.828	80
		Rural	95.023	80
	26 to 33 Year	Urban	95.613	80
		Rural	95.406	80
	34 and Above	Urban	95.160	80
		Rural	94.619	80

Table No –24 Showing Mean Score of Life Satisfaction of Gender, Age and Live in Area

Gender * Age * Live in Area					
Dependent Variable	Gender	Age	Live in Area	Mean	N
Life Satisfaction	Female	18 to 25 Year	Urban	96.605	40
			Rural	96.098	40
		26 to 33 Year	Urban	97.000	40
			Rural	97.487	40
		34 and Above	Urban	97.425	40
			Rural	97.487	40
	Male	18 to 25 Year	Urban	95.050	40
			Rural	93.949	40
		26 to 33 Year	Urban	94.225	40
			Rural	93.325	40
		34 and Above	Urban	92.895	40
			Rural	91.750	40

Table No 17 Shows The Result of ANOVA on Life Satisfaction of Various Groups of Gender Shows That F Ratio for Types of Gender on Life Satisfaction is 61.037 which is Significant at 0.01 Level; therefore *Null Hypothesis is rejected* that is *There Is No Significant Difference between Level of Life Satisfaction in Male and Female*. It Means Significant Differences is Existed Between Male and Female in Life Satisfaction during the Unemployed Condition. By the Same Point of View Table No – 18 Shows that the mean Scores of Life Satisfaction of Male is 97.017 and mean Scores of Life Satisfaction of Female is 93.532. It is Clearly Indicate that Significant Difference Were between Life Satisfaction of Male and Female is Differences in Unemployed Condition. Here we can Say that Male Have Problem of Life Satisfaction in

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Unemployed Condition in Compare to Female, Female are Satisfied with life even in Unemployed Condition. Male have Problems of Life Satisfaction in the Area of Establishment of a Satisfaction Relationship, Physical Health, Psychological Comfort, Work Efficiency and Social Acceptance. Here in the same for Female but they can Maintain Life Satisfaction in compare to male.

Table No 17 Shows The Result of ANOVA on Life Satisfaction of Various Groups of Age Shows That F Ratio for Types of Age on Life Satisfaction is 0.756 which is Not Significant; therefore *Null Hypothesis is accepted* that is ***There Is No Significant Difference between Level of Life Satisfaction among different ages of people.*** It Means No Significant Differences is Found Between different ages of people in Life Satisfaction during the Unemployed Condition. By the Same Point of View Table No – 19 Shows that the mean Scores of Life Satisfaction among different ages of people in Age Group of 18 to 25 Year is 95.425, Age Group of 26 to 33 Year is 95.509 and Age Group of 34 and above is 94.889 It is Clearly Indicate that there is no Significant Difference Were between Life Satisfaction among different ages of people in Unemployed Condition. Here we can Say that among different ages of people do not have any problem of Life Satisfaction in the Unemployed Condition. Any age group of people sustains their Life Satisfaction in the Area of establishment of a Satisfaction Relationship, Physical Health, Psychological Comfort, Work Efficiency and Social Acceptance.

Table No 17 Shows The Result of ANOVA on Life Satisfaction of Various Group of Live in Area Shows That F Ratio for Types of Live in Area Shows on Life Satisfaction is 1.345 which is not Significant; therefore *Null Hypothesis is accepted* that is ***there is no significant difference between level of Life Satisfaction in Urban and Rural People.*** It means no Significant Differences is existed between Urban and Rural People in Life Satisfaction during the Unemployed Condition. By the Same Point of View Table No – 20 Shows that the mean Scores of Life Satisfaction of Urban is 95.533 and mean Scores of Life Satisfaction of Rural is 95.016. It is Clearly Indicate that there is no Significant Difference Were between Life Satisfaction of Urban and Rural People is not Differences in Unemployed Condition. Here we can Say that Urban People and rural people Have Less Problem to Maintain Life Satisfaction in Unemployed Condition, urban and Rural People don't have Problems of Life Satisfaction in the Area of establishment of a Satisfaction Relationship, Physical Health, etc.

Table No 17 Shows The Result of ANOVA on Interaction Effect on Life Satisfaction of Various Groups of Gender and Age Shows That F Ratio for Type of gender and Types of Age on Life Satisfaction is 4.487 which is Significant at 0.05 Level; therefore *Null Hypothesis is Rejected* that is ***There is No Significant Difference between Level of Life Satisfaction in Male and Female & among Different Ages of People.*** It Means Significant Differences is Found between Types of gender and different ages of people in Life Satisfaction during the Unemployed Condition. By the Same Point of View Table No – 21 Shows that the mean Scores of Life

Satisfaction among types of gender and different ages of people; Female Age Group of 18 to 25 Year is 96.351, Female Age Group of 26 to 33 Year is 97.244 and Female Age Group of 34 and above is 97.456, for male Age Group of 18 to 25 Year is 94.499, male Age Group of 26 to 33 Year is 93.775 and male Age Group of 34 and above is 92.322, It is Clearly Indicate that there is Significant Difference Were between Life Satisfaction among Types of Gender and different ages of people in Unemployed Condition. Here we can Say that among Types of Gender and different ages of people have problem of Life Satisfaction in Unemployed Condition, People can't maintain Life Satisfaction even in Unemployed Condition. Types of gender and any age group of people do not maintain Life Satisfaction in the Area of establishment of a Satisfaction Relationship, Physical Health, Psychological Comfort, Work Efficiency and Social Acceptance. Table No 17 Shows The Result of ANOVA on Interaction Effect on Life Satisfaction of Various Groups of gender and Types of Live in Area Shows That F Ratio for Type of gender and Types of Live in Area on Life Satisfaction is 1.419 which is Not Significant; therefore ***Null Hypothesis is accepted*** that is ***There is no significant difference between level of Life Satisfaction in male and female & Urban and Rural People.*** It Means No Significant Differences is Found between Types of gender and different Types of Live in Area people in Life Satisfaction during the Unemployed Condition. By the Same Point of View Table No – 22 Shows that the mean Scores of Life Satisfaction among types of gender and different Types of Live in Area of people; Female who live in Urban area is 97.010, Female who live in Rural area is 97.024, Male who live in Urban area is 94.057, Male who live in Rural area is 93.008; It is Clearly Indicate that there is no Significant Difference Were between Life Satisfaction among Types of Gender and Types of Live in Area of people in Unemployed Condition. Here we can Say that among Types of Gender and different Types of Live in Area people do not have any problem of Life Satisfaction in Unemployed Condition. Types of gender and Types of Live in Area people Sustained Life Satisfaction in the Area of establishment of a Satisfaction Relationship, Physical Health, Psychological Comfort, Work Efficiency and Social Acceptance.

Table No 17 Shows The Result of ANOVA on Interaction Effect on Life Satisfaction of Various Groups of Ages and Types of Live in Area Shows That F Ratio for Type of Ages and Types of Live in Area on Life Satisfaction is 0.151 which is not Significant; therefore ***Null Hypothesis is accepted*** that is ***There is no significant difference between levels of Life Satisfaction among different ages of people & Urban and Rural People.*** It means there is no Significant Differences found between Types of Different Ages and different Types of Live in Area people in Life Satisfaction during the Unemployed Condition. By the Same Point of View Table No – 23 Shows that the mean Scores of Life Satisfaction among types of Ages and different Types of Live in Area of people; Age Group of 18 to 25 Year is who live in Urban area is 95.828, Age Group of 18 to 25 Year is who live in Rural area is 95.023, Age Group of 26 to 33 Year is who live in Urban area is 95.613, Age Group of 25 to 33 Year is who live in Rural area is 95.406, Age Group of 34 and Above Year is who live in Urban area is 95.160, Age Group of 34 and Above is who live in Rural area is 94.619; It is Clearly Indicate that there no Significant

Difference Were between Life Satisfaction among Types of Ages and Types of Live in Area of people in Unemployed Condition. Here we can Say that among Types of Ages and different Types of Live in Area people do not have problem of Life Satisfaction in the Unemployed Condition, People can maintain Life Satisfaction even in Unemployed Condition. Types of Ages and Types of Live in Area people cannot maintain Life Satisfaction in the Area of establishment of a Satisfaction Relationship, Physical Health, Psychological Comfort, Work Efficiency and Social Acceptance.

Table No 17 Shows The Result of ANOVA on Interaction Effect on Life Satisfaction of Various Groups of Types of Gender, Different Ages Groups and Types of Live in Area Shows That F Ratio for Types of Gender, Type of Ages and Types of Live in Area on Life Satisfaction is 0.073 which is not Significant; therefore *Null Hypothesis is Accepted* that is *There is no significant difference between level of Life Satisfaction in male and female with different ages of people in urban and rural area*. It means there is no Significant Differences is found between Types of Gender, Types of Different Ages and different Types of Live in Area people in Life Satisfaction during the Unemployed Condition. By the Same Point of View Table No – 24 Shows that the mean Scores of Life Satisfaction among Types of Gender, types of Ages and different Types of Live in Area of people; Female Age Group of 18 to 25 Year is who live in Urban area is 96.605, Female Age Group of 18 to 25 Year is who live in Rural area is 96.098, Female Age Group of 26 to 33 Year is who live in Urban area is 97.000, Female Age Group of 26 to 33 Year is who live in Rural area is 97.487, Female Age Group of 34 and Above Year is who live in Urban area is 97.425, Female Age Group of 34 and Above is who live in Rural area is 97.487; Male Age Group of 18 to 25 Year is who live in Urban area is 95.050, Male Age Group of 18 to 25 Year is who live in Rural area is 93.949, Male Age Group of 26 to 33 Year is who live in Urban area is 94.225, Male Age Group of 26 to 33 Year is who live in Rural area is 93.325, Male Age Group of 34 and Above Year is who live in Urban area is 92.895, Male Age Group of 34 and Above is who live in Rural area is 91.750; It is Clearly Indicate that there is no Significant Difference Were between Life Satisfaction among Different Gender, Types of Ages and Types of Live in Area of people in Unemployed Condition. Here we can Say that among Different Gender, Types of Ages and different Types of Live in Area people have no problem of Life Satisfaction in Unemployed Condition, People cannot maintain Life Satisfaction even in Unemployed Condition. Different gender, Types of Ages and Types of Live in Area people cannot maintain Life Satisfaction in the Area of establishment of a Satisfaction Relationship, Physical Health, Psychological Comfort, Work Efficiency and Social Acceptance.

CONCLUSION

Summary and conclusion is very important in any research report of any study. But in the whole study, the last chapter is the most important part. The summary of the study is helpful in studying of the research, a very important in the short time of the research value of

researcher. It is a tradition that a short glimpse of beginning to end is given in report of the study. Thus, this chapter is as important as other chapters.

Adjustment

1. There is Significant Differences is found between Male and Female in Adjustment during the Unemployed Condition. Here, Male Have Problem to Adjustment in Unemployed Condition in Compare to Female, Female Could Maintains Adjustment Even in Unemployment Condition.
2. There is No Significant Differences is found between Different Ages of people in Adjustment during the Unemployed Condition. Here Researcher Indicate that among Different Ages of People Do Not have any problem of Adjustment in the Unemployment Condition; people Could Sustained adjustment even in Unemployed Condition.
3. There is Significant Differences is found between Urban and Rural People in Adjustment during the Unemployed Condition. Here, Researcher Indicate that Urban People Have Less Problem to Do Adjustment in Unemployment Condition in Compare to Rural People, Rural People can't do better adjustment even in Unemployed Condition.
4. There is No Significant Differences is found between Types of gender and different ages of people in Adjustment during the Unemployed Condition. Here, Researcher Indicate that Types of Gender And different Ages of People Do not have any problem of Adjustment in the Unemployed Condition; People can do better adjustment even in Unemployed Condition.
5. There is No Significant Differences is found between Types of gender and different Types of Live in Area people in Adjustment during the Unemployed Condition. Here, Researcher Indicate that Types of Gender and Different Types of Live in Area people Do Not Have Any Problem of Adjustment in the Unemployed Condition, People Could Do Better Adjustment Even in Unemployed Condition.
6. There is No Significant Differences is found between Types of Different Ages and different Types of Live in Area people in Adjustment during the Unemployed Condition. Here, Researcher Indicate that Types of Ages and different Types of Live in Area People Do Not Have Any Problem of Adjustment in the Unemployed Condition; People Could Do Better Adjustment Even in Unemployed Condition.
7. There is No Significant Differences is found between Types of Gender, Types of Different Ages and different Types of Live in Area people in Adjustment during the Unemployed Condition. Here, Researcher Indicate that Types of Gender, Types of Ages and different Types of Live in Area people Do Not Have Any Problem of Adjustment in the Unemployed Condition, People Could better adjustment even in Unemployed Condition.

Life Style

8. There is Significant Differences is found Between Male and Female in Life Style during the Unemployed Condition. Here, Researcher Indicate that Male Have Problem of Life Style in the Unemployed Condition in Compare to Female, Female can Adjust Life Style even in Unemployed Condition.
9. There is No Significant Differences is Found Between different ages of people in Life Style during the Unemployed Condition. Here Researcher Indicate that Different Ages of

People Do Not Have Any Problem of Life Style in Unemployed Condition; Any age groups of people can Maintain Life Style even in Unemployed Condition.

10. There is Significant Differences is Found between Urban and Rural People in Life Style during the Unemployed Condition. Here, Researcher Indicate that Urban People Have Less Problem to Maintain Life Style in Unemployed Condition in Compare to Rural People, Rural People can't sustain Life Style even in Unemployed Condition.
11. There is Significant Differences is Found between Types of gender and different ages of people in Life Style during the Unemployed Condition. Here, Researcher Indicate that Types of Gender and different ages of people have problem of Life Style in the Condition of Unemployment any gender and any age group of people, People can't maintain Life Style even in Unemployment Condition.
12. There is Significant Differences is found between Types of gender and different Types of Live in Area people in Life Style during the Unemployed Condition. Here, Researcher Indicate that among Types of Gender and different Types of Live in Area people have problem of Life Style in Unemployed Condition, People maintain Life Style even in Unemployment Condition.
13. There is No Significant Differences is Found between Types of Different Ages and different Types of Live in Area people in Life Style during the Unemployed Condition. Here, Researcher Indicate that among Types of Ages and different Types of Live in Area people have problem of Life Style in Unemployed Condition, People cannot maintain Life Style even in Unemployed Condition.
14. There is Significant Differences is Found between Types of Gender, Types of Different Ages and different Types of Live in Area people in Life Style during the Unemployed Condition. Here, Researcher Indicate that Types of Gender, Types of Ages and different Types of Live in Area people have problem of Life Style in Unemployed Condition, People cannot maintain Life Style even in Unemployment Condition.

Life Satisfaction

15. There is Significant Differences is Found between Male and Female in Life Satisfaction during the Unemployed Condition. Here, Researcher Indicate that Male Have Problem of Life Satisfaction in Unemployed Condition in Compare to Female, Female are Satisfied with life even in Unemployed Condition.
16. There is No Significant Differences is Found Between different ages of people in Life Satisfaction during the Unemployed Condition. Here, Researcher Indicate that among different ages of people do not have any problem of Life Satisfaction in the Unemployed Condition.
17. There is No Significant Differences is Found between Urban and Rural People in Life Satisfaction during the Unemployed Condition. Here, Researcher Indicate that Urban People and rural people Have Less Problem to Maintain Life Satisfaction in Unemployed Condition,
18. There is Significant Differences is Found between Types of gender and different ages of people in Life Satisfaction during the Unemployed Condition. Here, Researcher Indicate that among Types of Gender and different ages of people have problem of Life Satisfaction in Unemployed Condition, People can't maintain Life Satisfaction even in Unemployed Condition.
19. There is No Significant Differences is found between Types of gender and different Types of Live in Area people in Life Satisfaction during the Unemployed Condition. Here,

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Researcher Indicate that among Types of Gender and different Types of Live in Area people do not have any problem of Life Satisfaction in Unemployed Condition.

20. There is No Significant Differences found between Types of Different Ages and different Types of Live in Area people in Life Satisfaction during the Unemployed Condition. Here, Researcher Indicate that among Types of Ages and different Types of Live in Area people do not have problem of Life Satisfaction in the Unemployed Condition; People can maintain Life Satisfaction even in Unemployed Condition.
21. There is No Significant Differences is found between Types of Gender, Types of Different Ages and different Types of Live in Area people in Life Satisfaction during the Unemployed Condition. Here, Researcher Indicate that among Different Gender, Types of Ages and different Types of Live in Area people has no problem of Life Satisfaction in Unemployed Condition, People cannot maintain Life Satisfaction even in Unemployed Condition.

SUGGESTION

As far as the present study is concerned, the findings have been summarized as above, with all the limitations of time, tools and sample available. The researcher admits that, much can be improved and still more can be added. However, instead of going in to ideal conditions and all-round improvements, the investigator would restrict him to the few suggestions for follow-up work.

1. The Study Can Be conducted from the point of view of Caste, Religious and etc. of Variable with Gender, Live in Area and Ages.
2. The Study Can Be conduct According to the Family Income and social economic status wise with above Variable with Gender, Live in Area and Ages.
3. The Study Can Be conducted from the point of view of social status and prestige of family wise with above Variable with Gender, Live in Area and Ages.
4. The Study Can Be conducted from the point of view of Educational Qualification with above Variable with Gender, Live in Area and Ages.
5. The Study Can Be conducted from the point of view of Marital Status with above Variable with Gender, Live in Area and Ages.
6. The Study Can Be conducted from the point of view of Time Duration of Unemployment with above Variable of Gender, Live in Area and Ages.
7. The Study Can Be conducted from the point of view of Monthly Income and Family Expenditure in Month wise with above Variable of Gender, Live in Area and Ages.

LIMITATION OF THE STUDY

The abroad aim of any research is to make generalizations from the findings related to the sample and to apply these generalizations to the population or universe from which the sample is randomly drawn. This requires computation of parameters with appropriate statistical techniques. However, such aim of generalization in any research work has its own limitations by the statistics used and the procedure for selection of sample as well as sampling errors. For the present research the researcher has taken all the possible care and precautions to make most

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adequate statistical analysis and most representatives 'selection of sample through randomization. Any way still at the same time the investigator is fully conscious of the limitations of the study, they are as under:

1. Part time job working people was not included.
2. All age was take as sample between 20 to 40 years.
3. Data Analysis was done by analysis of variance and correlation only.
4. Only Vadodara, Anand and Ahmedabad cities included for this research.
5. In Present Research Monthly Income and Family Expenditure was not considered as independent variable.
6. Sample of the present research was not so large so result of the study research cannot be generalized.
7. The Study was not considered as point of view of Caste, Religious and etc. of Variable with Gender, Live in Area and Ages.
8. The Study was not considered as point of view of Time Duration of Unemployment with above Variable of Gender, Live in Area and Ages.
9. To reach conclusive decision, the study may be reported with a few more aspects.
10. The Study was not considered as point of view of, Family Income and social economic status, Educational Qualification and Family Social Status and Prestige of Family wise with above Variable with Gender, Live in Area and Ages.
11. The sample is selected from available Unemployment Centre and Interview Held in the industry.

IMPLICATION OF THE RESEARCH

After the completed research every researcher found something in the study. This findings help to society or particular group of the people to improve in person or society. Here in the research researcher found that Significant Differences is existed between Male and Female in Adjustment during the Unemployed Condition, Here the male and female has to try to adjustment in each and every aspect of life during the unemployment condition, so that the restlessness can decrease up to certain level. Further thing are that to be Significant Differences is existed between Urban and Rural People in Adjustment during the Unemployed Condition, as said above in implication that Urban and Rural people get training for getting employment so that the adjustment level with every part life can make possible.

Further implication of the study is that Significant Differences is existed between Male and Female in Life Style during the Unemployed Condition; definitely changes comes in life style during the unemployment but here at least the people has to take care about saving when they are earning or any other family member/s are earning so that when unemployment condition arise the life style can maintain. Further implication of the study is that Significant Differences is existed between Urban and Rural People in Life Style during the Unemployed Condition, in the urban area there are in family member/s or couple mostly in the 21st century both are earning so that the life style can be manage, but in the village there are only male are most of earning so that the expense of the family is not divided in to the family member that why the life style is

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changes. Further implication of the study is that Significant Differences is found between Types of Gender and Different Ages of People in Life Style during the Unemployed Condition.

Further implication of the study is that Significant Differences is found between Types of Different Ages and different Types of Live in Area people in Life Style during the Unemployed Condition. Absolutely in the male and female life style has been change when they are unemployed and same for urban and rural people so that in the Indian concept people must have saving this saving can helpful them in the condition of unemployment. Further implication of the study is that Significant Differences is found between Types of Gender, Types of Different Ages and different Types of Live in Area people in Life Style during the Unemployed Condition; as researcher found in this research people must have an alternative way for earning so that they can survive easily in compare to depend upon only job.

Furthermore to implication of the study is that Significant Differences is existed between Male and Female in Life Satisfaction during the Unemployed Condition. Definitely the life satisfaction level decrease when person are unemployed so that at this time person has to be maintain their personality, aggression level, anxiety level, emotion, isolation from the society, relationship maintain problems etc. so that Life satisfaction level can be uphold. There are an increasing number of young patients visiting psychiatrists for clinical depression caused by unemployment so this situation can be decrease.

Further effect of the study is that Significant Differences is found between Types of gender and different ages of people in Life Satisfaction during the Unemployed Condition. In the male and female there are absolutely the differences come in the life satisfaction level because of employment; when person are unemployed than definitely life satisfaction level decrease, so that people has to earn and save some amount of money which can be used in the unemployment condition, and the level of life satisfaction level can be maintained.

These are some of implication can be maintain and balance in the society so that these Adjustment, Life Style and Life Satisfaction level can be uphold, problems like adjustment, anger, anxiety, depressions, emotional problems, crime rate increasing, mental health problems, stress, suicides, blaming themselves, cardiovascular decease increasing, family support decreasing, isolation etc. can be decreased.

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Conflict of Interests

The author declared no conflict of interests.

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Consciousness, Religiosity and Locus of Control as Predictors of Well-Being among Young Adolescents

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ABSTRACT

The main aim of present study was to examine the relationships between well-being, Religiosity, A study was made on convenient sample of 50 young adolescents (females) age range of 18 to 22 years and used 4 tools (i) Well-being scale (Edinburgh, 2006) (ii) Religiosity scale (Bhusan,1970) (iii) Consciousness scale (Brazdau,2009) (iv)Locus of control scale (Rotter,1966). Co relational design was used. Results indicate that Well-being and Religious scores are positively correlated ($r=0.31$, $p<0.05$). There is also high positive co relational between well-being and consciousness scores ($r=0.42$, $p<0.01$). Thus increases in consciousness and religious scores led to increase in well-being scores among young adolescents. Multiple regression analysis was also used ($R=0.46$) and it showed that Consciousness has highest contribution in determination of criterion variable i.e. well-being, the regression coefficient being 0.15. Religiosity has less contribution and locus of control has negligible contribution, the regression coefficient being 0.05 and 0.003 respectively.

Keywords: *Consciousness, Religiosity, Locus of control*

Adolescence is a period of transition between childhood and adulthood and is highly related with biological, physical, emotional, cognitive, social and psychological, changes (Kaplan, 2004). Well-being as a construct in recent times has sanctioned a flourishing place in the field of psychology and social sciences (e.g. Huppert, 2005; Layard, 2005; Marks & Shah, 2005; Marmot, Ryff, Bumpass, Shipley, & Marks, 1997; Mulgan, 2006). Positive mental health is defined as “a state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community”.

Consciousness lies at the root of all knowledge. It exists, but to identify it is like trying to locate the sun through dark clouds. It may be defined as a subjective awareness of some aspects of

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ongoing mental (psychical) processes. Consciousness is an individual's perception of his own internal mental state, a private universe of his own. Religion is an important context for development because it provides a means of socialization in areas such as moral behavior and offers emotional support to individuals from the cradle to the grave. (Hood et.al., 2003 and Roof, 1999). There is also support for the idea that religiosity fosters a more positive internal state (e.g., self-esteem) and protects against negative internalized outcomes (e.g., depression) in adolescents. Positive associations have also been found between personal prayer and self-esteem (Maltby et. al., 1999) and between overall religiosity and self-esteem (Ball et. al., 2003). Locus of control is defined as an individual's generalized expectancies regarding the forces that determine rewards and punishments. Individuals with an internal locus of control view events as resulting from their own actions. Persons with an external locus of control view events as being under the control of external factors such as luck (Marsh & Weary, 1995).

In this study, three variables consciousness, locus of control and religiosity have been studied to see their contribution in wellbeing. Locus of control is a concept that has a significant effect on our daily lives. The way individuals interpret such events has a profound effect on their psychological well-being. Research has shown that there is much support for the relationship between religiosity and psychological well-being.

Problem

The aim of present study was to examine the relationships between well-being, Religiosity, Consciousness and locus of control among young adolescents.

Objectives

1. To study the relationship between well-being and religiosity among adolescents.
2. To study the relationship between well-being and consciousness among adolescents.
3. To study the relationship between well-being and locus of control among adolescents.
4. To study the relationship between religiosity and consciousness among adolescents.
5. To study the relationship between religiosity and locus of control among adolescents.
6. To study the relationship between consciousness and locus of control among adolescents

Hypotheses

1. There is no significant relationship between wellbeing and religiosity of adolescents.
2. There is no significant relationship between wellbeing and consciousness of adolescents.
3. There is no significant relationship between wellbeing and locus of control of adolescents.
4. There is no significant relationship between religiosity and consciousness of adolescents.
5. There is no significant relationship between religiosity and locus of control of adolescents.
6. Relative contribution of consciousness would be most remarkable as compared to religiosity and locus of control towards well-being.

Sample

A convenient sample of 50 adolescents (females) pursuing their graduation courses was selected from D.E.I., Agra. They had sound understanding of Hindi and English language. Their age ranged from 18 to 22 years.

Research Tools

1. Well-being Scale

Well-being scale was developed by Edinburgh (2006). The scale consisted of 14 items. This scale aims to capture a wide conception of well-being, including affective-emotional aspects, cognitive-evaluative dimensions and psychological functioning. It is a Likert type scale. The score for each item range from 1 to 5 respectively, giving a minimum score of 14 and maximum score of 70. A higher WEMWBS score therefore indicates a higher level of mental well-being. Internal consistency estimates of less than 0.70 were sought. Test-retest reliability was 0.83 ($p < 0.01$).

2. Religiosity Scale

This scale was developed by Bhusan (1970). The final form of this test contained only 36 items, out of which 25 were positive and 11 negative items. It was verified that they covered all the important dimensions of religiosity. R-scale is a five point Likert type scale. As the number of items in the scale is 36, the range of possible scores on it is from 36 to 180, higher score indicating greater degree of religiosity. Bhusan reported split-half reliability as 0.82 and test-retest reliability as 0.78. The scale possesses content validity and predictive validity.

3. Consciousness Quotient Inventory(CQ-i)

Brazdau (2009) *developed the Consciousness Quotient Inventory*. CQ-i is a psychological inventory that measures the conscious experience on six dimensions: physical, emotional, cognitive, spiritual, and social and self-consciousness. CQ-i contains 61 items, scored using a Likert scale. Psychometric properties of validity and reliability have been shown to be quite high in academic samples.

4. Rotter's Locus of Control Scale (I- E Scale)

The Locus of Control Scale was developed by Rotter (1966).The scale is a forced choice instrument which consists of 29 pairs of statements, 23 of which are scored and 6 filler items (not to be scored) from different life situations, where locus of control attitudes might be relevant to behavior. A high score indicates a belief in an external locus of control on the internal–external dimension of score. In addition, reliability figures (estimated by split half) is 0.88 and (estimated by test- retest) is 0.85 of its Hindi version.

Design

To study the relationship between wellbeing, religiosity, consciousness and locus of control among adolescence co-relational design was be used.

Variables

Predictor Variables:

- Religiosity
- Consciousness
- Locus of control

Criterion Variable:

- Well-being

Control Variables:

- Age – students belonging to age range of 18-22 years
- Educational qualification- graduation
- Gender – female

RESULTS AND DISCUSSIONS

For the statistical analysis of the obtained raw scores, the product moment coefficients of correlation were computed to test the proposed hypotheses. Correlation matrix (Table-1) was formed which shows inter-correlations among proposed variables.

Table-1 Correlation Matrix

	Mean	SD	Religiosity	Cons.	LOC	Wellbeing
Religiosity	134.9	14.7	1			
Cons.	191.34	37.9	0.31	1		
LOC	8.82	3.2	-0.11	0.12	1	
Wellbeing	48.68	7.5	0.31*	0.42**	-0.008	1

**p<0.01 *p<0.05

Table-1 presents the coefficient correlation between Religiosity, Consciousness Locus of control and Well-being. It is evident from the table that well-being and religiosity scores are positively correlated ($r=0.31$, $p<0.05$). Thus increases in religiosity scores led to increase well-being scores. There is high positive correlation between well-being and consciousness scores ($r=0.42$, $p<0.01$). Thus increases in consciousness scores led to increase in well-being scores among adolescents. To sum up it may be inferred that well-being is positively related with both factors i.e. consciousness and religiosity. Negligible correlation was found between locus of control and well-being ($r= -0.008$) and Negative correlation was found between religiosity and locus of control ($r= -0.11$). There is a positive correlation between religiosity and consciousness scores ($r = 0.31$, $p<0.05$). Thus increases in religiosity scores led to increase in consciousness scores among adolescents.

Table-2 Results Of Multiple Regression Analysis

Multiple R	0.46
R square	0.22
Adjusted R Square	0.16
Standard Error	6.9
Observation	50

In the table the value of Adjusted R square was found to be 0.16 which indicates that 16% variance in wellbeing is to explained by the combined predictor variables.

Table: 3 Analysis Of Variance:

ANOVA	df	SS	MS	F
Regression	3	606.196	202.065	4.216*
Residual	46	2204.683	47.92791	

**p<0.01

Table:4 Multiple Regression Coefficients

Variables	B	SE	β	t	r	Coefficient of Determination
Religiosity	0.096	0.07	0.17	1.36	0.31*	0.05
Consciousness	0.074	0.03	0.35	2.66*	0.42**	0.15
LOC	-0.092	0.32	-0.04	-0.29	-0.008	0.0003
Constant	22.24					

*p<0.05 **p<0.01

Multiple Regression Analysis showed that Consciousness has highest contribution in determination of criterion variable i.e. Wellbeing, the regression coefficient being 0.15. Locus of control has least contribution in determining wellbeing.

Regression Equation:

$$\begin{aligned}
 Y &= B_1X_1 + B_2X_2 + B_3X_3 + C \\
 &= 0.096(134.9) + 0.074(191.34) + (-0.092)(8.82) + 22.24 \\
 &= 12.95 + 14.15 - 0.81 + 22.24 \\
 &= 48.53
 \end{aligned}$$

The obtained multiple regression equation states that every unit increase in R(X₁) and C(X₂) led to an increase in well-being scores by their respective coefficients (0.09 and 0.07) and every unit increase in LOC(X₃) led to decrease in well-being scores by their respective coefficients (-0.09) when 22.24 was the value of constant.

DISCUSSION

The first hypothesis which stated that there is no significant relationship between wellbeing and religiosity of adolescents is rejected because significant positive correlation was found between these two variables ($r=0.28$, $p<0.05$). as studies showed that religiosity protects against negative youth psychological outcomes such as depression. For example, perceived importance of religion (Sinha et. al., 2007), “relational spirituality” (Desrosiers and Miller, 2007), and “meaningfulness of religion” (Writh et. al., 1993) have all been linked to lower levels of youth depression.

The second hypothesis that stated there is no significant relationship between wellbeing and consciousness of students is also rejected as high positive correlation was found between wellbeing and consciousness of students ($r=0.44$, $p<0.01$). As Kelley (2010) studied thought recognition and psychological well-being and found that Significant positive relationships between both measures of thought recognition and psychological wellbeing and, in the follow-up study, both measures of thought recognition and mindfulness.

Negligible correlation was also found between locus of control and well-being therefore the third hypothesis that there would be no significant relationship between wellbeing and locus of control of adolescents is accepted.

The fourth hypothesis that stated there is no significant relationship between religiosity and consciousness of students is also rejected because there is positive correlation between religiosity and consciousness scores ($r = 0.31$, $p<0.05$).

The fifth hypothesis that there is no significant relationship between religiosity and locus of control of adolescents is partially rejected as there negative low correlation was found between the two.

The sixth and the last hypothesis that relative contribution of consciousness would be most remarkable as compared to religiosity and locus of control towards well-being is also accepted because consciousness was highly contributed in increasing well-being.

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Conflict of Interests

The author declared no conflict of interests.

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To Study the Gender Difference in Career Maturity-Competence of Parentally Accepted & Rejected Students In Relation To Management of Schools

Rajeev Oberai^{1*}

ABSTRACT

This study investigated the impact of Gender Difference on Career Maturity-Competence of High school student in Relation to Management of Schools (Government and Private). 400 high school students of Jabalpur District (100 Parentally accepted boys, 100 Parentally rejected boys, 100 Parentally accepted girls and Parentally rejected girls) were selected based on Mohsin Parent-Child Inventory (MPCI). Indian adaptation of Career Maturity Inventory (CMI) of Crites, (by Dr. (Mrs.) Nirmala Gupta) was administered on the students selected in the final sample. For parentally accepted students studying in Government schools there is Gender difference, Girls have better Career Maturity-Competence than boys. For the parentally rejected students studying in Government schools there is no Gender difference in Career Maturity-Competence. For the parentally accepted & parentally rejected students studying in Private schools there are Gender differences, Girls have better Career Maturity-Competence than boys.

Keywords: *Parent-Child Relationship, Career Maturity-Competence*

Choice of a career is not an easy task due to the complex and fluid character of the world of work. It is a developmental process that takes many years during which the ultimate decision is determined by a sequence of inter-dependent decisions about which individual may or may not be conscious of the educational / vocational decisions made by the students at senior secondary stage determine their future roles in the world of work. Adequate decisions not only lead to personal growth and satisfaction, but also help in making the best use of nation's human resources. As Ross and Ross (1957) view that a well-chosen vocation spells out not only efficiency but also happiness. **Career Competence** indicating career decision-making is, therefore, an important aspect of vocational life of an individual.

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Selection of a suitable career for an individual needs careful evaluation of his Career Maturity-Competence. These decisions affect the rest of person's life; therefore it is important to understand the individual and the social factors that influence the process of adolescent career development. In a developing country like India where rapid social-economic changes, stress, political uncertainties and the variety of jobs available to persons is limited, economic crunch / depression is a regular phenomenon. One of the most crucial decisions a young adolescent must make is the selection of an occupation. A large number of career options are available these days to the students, making it a difficult task for the youngster to make a mature choice. The concept of **Career Maturity** has its' origin in the Super's developmental theory of career behaviour, which envisages that selection of an occupation is a process spanning a considerable number of years usually from late childhood to early adulthood. Career maturity is the term, which denotes the place reached on this continuum of career development from exploratory years to decline. Career mature individuals have the ability to identify specific occupational preferences and to implement activities in order to achieve their goals.

Now-a-days it is difficult for students to cope with present circumstances and their future plans. Lack of knowledge of world of work and frequent emergence of new specialization & new kinds of job are making students more confused. Hence due to family environment, job profiles & job's requirements, students are unable to focus on future plan. Students find themselves lost or are highly confused. Super (1957) identifies the following dimensions of career maturity as comprising his model: orientation to career choice, information and planning, consistency of career preferences, crystallisation of traits, and wisdom of career preferences. What is important with regard to these dimensions is that he acknowledges that they are more appropriate at the early (exploratory) stage of career development. Career maturity-attitude assesses a person's feelings, subjective reactions, and disposition towards making a career choice and entering the world of work (Crites, 1973; Wigington, 1982). According to Crites (1973), career choice attitudes mediate the use of career choice competencies in ultimately choosing an occupation; they act as internal cues which precede overt goal selection, planning, or problem-solving.

Dhillon Upma & Rajinder Kaur [2005] studied "Career maturity of school children". The present investigation has been undertaken to study career maturity among the students of public and government schools. A dense sample of 500 High School students was the subject of this study (250 males & 250 Female. (i) Crite's Career Maturity Inventory (CMI) (ii) Self Concept Scale (SCS) (iii) Achievement Motivation Test (ACMT) (iv) Lumpkin Locus of Control Scale (LOC) were administered to the student to study the relationship between career maturity, achievement motivation and locus of control. Major findings of the study were : On comparison of public and government schools students, the result clearly indicates that the student of public school possess (i) higher Career Maturity-Attitude(CM-A) (ii) higher Career Maturity-Competencies(CM-C) (iii) higher Self-Concept and achievement motivation. Significant

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relationship have been obtained between career maturity attitude (CMA) career maturity competence, internal locus of control (LOC) & Achievement motivation in case of boys in public school. Significant relationship has been obtained between career maturity attitude, Achievement motivation and self-concept in case of girls of public school. On other hand significant relationship has been found between CMA & external locus of control, achievement motivation and self concept in case of boys in government school & between CMC & achievement motivation in case of girls of government schools. This present study revealed that girls possessed greater Career Maturity-Attitude and Career Maturity-Competence as compared to boys.

Hasan B. (2006) studied the “Career maturity of Indian adolescents as a function of self concept, vocational aspiration and gender”. The objective of present research were to examine empirically that whether or not self concept, occupational aspiration and gender work independently or in interaction with each other are capable of generating variance in career maturity of Hindi speaking Indian Adolescents studying in class X. Test applied were (i) Career Maturity Inventory (by Dr. Nirmala Gupta, 1989) (ii) Occupational Aspiration Scale (by Grewal 1975) (iii) Swatva Bodh Parikshan (By Sherry Verma and Goswami 1988). All the three independent variables were found to be potential enough in generating variance in career maturity. Barring few exceptions the first order interaction were not found significant where as the second order interaction were found significant for almost all the components of career maturity. . It is clearly revealed that self concept, vocational aspiration and gender are able to account for the variance of all the components of career maturity. The findings revealed that girls possessed greater Career Maturity-Attitude, Career Maturity-Competence and Career Maturity as compared to boys.

Mona, Jasdeep Kaur [2010] studied the “Career Maturity of Adolescents in Relation to Intelligence”. The present study investigated the career maturity in relation to intelligence among the adolescents of plus one stage. Random stratified sampling procedure was used to select the sample. Six hundred and forty students studying in government schools (Academic and Vocational groups) of Amritsar district formed the sample. There were 320 boys and 320 girls varying in age from 16-18 years. The career maturity scale and intelligence test were administered to the sample. The findings revealed that girls possessed greater career maturity and intelligence as compared to boys. In this study it was concluded that girls in the present sample exhibited more maturity in respect of career. This includes decisiveness, involvement, independence, orientation and compromise in career decision making. They made a more realistic appraisal of themselves, possessed more career related information, and solving problems related to career decision making. The result of present study is supported by research study conducted by (Dhillon and Kaur, 2005)

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Gupta, Nirmala [2013] studied the “Career maturity: a function of grade and sex”. This study assessed selected samples of 8th-, 10th-, and 12th-grade students (438 boys, 431 girls) to examine career development in Indian students and the sex differences underlying this pattern. The Career Maturity Inventory, consisting of an attitude scale and competence test adapted in Hindi was used. Results show significant increases in career maturity over the 3 grades, indicating a continuous pattern of career development. Boys were higher on career maturity attitudes than were girls at Grade 12. Boys were also higher on occupational information and awareness of steps in career planning than were girls at both Grades 10 & 12.

Objective

1. Is there any Gender Difference in **Career Maturity-Competence** of Parentally Accepted & Rejected Students in Relation to Management of Schools.

Hypothesis

2. There will be no significant Gender Difference in Career Maturity-Competence of Parentally Accepted & Rejected Students in Relation to Management of Schools.

Sample

Table No. 1: Sample of the Study

Parental Acceptance-Rejection	Gender	Number
Accepted	Boys	100
	Girls	100
Rejected	Boys	100
	Girls	100

Table No. 2. Sampling of Students on the basis of Parental Acceptance-Rejection

Parental Acceptance-Rejection	Name of Management	Boys	Girls	Total
ACCEPTED	Government	50	50	100
	Private	50	50	100
REJECTED	Government	50	50	100
	Private	50	50	100

Tools

The Tools used for the present study were :-

Mohsin Parent-Child Inventory by Dr. S.M. Mohsin.

Career Maturity Inventory by Dr. (Mrs.) Nirmala Gupta, (Indian Adaptation)

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Design

The students of class Xth were administered with **Parent-Child Relationship Inventory (PCRI)** and after scoring, parentally accepted & parentally rejected students were selected for study. Indian adaptation of **Career Maturity Inventory (CMI)** of Crites, (by Dr. (Mrs.) Nirmala Gupta) was administered on the students selected in the final sample.

ANALYSIS AND DISCUSSION OF RESULTS

Analysis and discussion of the results has been presented below

Table No. 3: Gender Difference in Career Maturity-Competence of Parentally Accepted & Rejected Students in Relation to Nature of Management of Schools

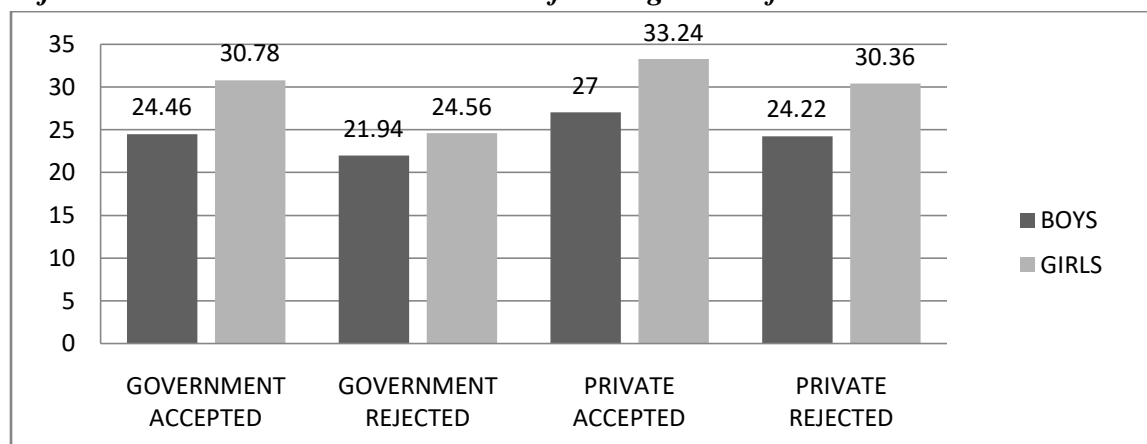
Nature of Management	Parental Acceptance -Rejection	Gender	N	Mean	S.D.	C.R	P-value
GOVERNMENT	ACCEPTED	BOYS	50	24.46	8.17	4.13	< 0.01
		GIRLS	50	30.78	7.16		
	REJECTED	BOYS	50	21.94	7.10	1.77	> 0.05
		GIRLS	50	24.56	7.78		
PRIVATE	ACCEPTED	BOYS	50	27.00	9.12	3.54	< 0.01
		GIRLS	50	33.24	8.50		
	REJECTED	BOYS	50	24.22	9.09	3.59	< 0.01
		GIRLS	50	30.36	8.01		

Degree of freedom - df - 98

Minimum value for significance at 0.05 = 1.98

Minimum value for significance at 0.01 = 2.63

GRAPH NO. 1: Gender Difference in Career Maturity-Competence of Parentally Accepted & Rejected Students in Relation to Nature of Management of Schools



The results presented in the above Table, where gender difference in career maturity-competence of parentally accepted & rejected students in relation to nature of management is compared, shows that for parentally accepted students studying in Government schools there is gender

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difference, the obtained value of Critical ratio is 4.13 which is significant at 0.01 level. The parentally accepted girls have better career maturity-competence than boys this could be because the school environment have greater impact on career maturity-competence, various government schemes, home environment and family support could also be the possible reason for the better Self-appraisal, Occupational information, Goal selection, Planning and Problem-solving capacity among parentally accepted girls studying in Government schools.

The results presented in the above Table show that for parentally rejected students studying in Government schools there is no gender difference, the obtained value of Critical ratio is 1.77 which is insignificant at 0.05 level. The possible reason could be, at these institutions the available facilities are quite limited, at the same time the teacher involvement and accountability of the government schools are quite limited hence parental involvement become very crucial, but parentally rejected students are at the disadvantage since they do not enjoy the required parental support due which the various component of career maturity-competence are not adequately developed.

The results shows that for parentally accepted and parentally rejected students studying in private schools there is gender difference, the obtained value of Critical ratio are 3.54 and 3.59 respectively, which are significant at 0.01 level. The parentally accepted and parentally rejected girls have better career maturity-competence than boys this could be because females have certain advantages over males in some aspects of affective or cognitive career maturity due to sex differences in overall maturational rates (Luzzo, 1995; Rojewski, Wicklein, & Schell, 1995).

Dhillon Upma & Rajinder Kaur [2005], Hasan B. (2006) and Mona, Jasdeep Kaur [2010] concluded that girls exhibited more maturity in respect of career. This includes decisiveness, involvement, independence, orientation and compromise in career decision making. They made a more realistic appraisal of themselves, possessed more career related information, and solving problems related to career decision making. **Gupta, Nirmala** found that boys were higher on career maturity-competence than were girls.

Thus, from this present study it become apparent that the Career maturity-competence of girls is higher than boys, which is in consonance with previous research findings.

CONCLUSIONS

1. With respect to nature of management of school, it is concluded that for parentally accepted students studying in Government schools there is a Gender difference, girls have better Career Maturity-Competence, in comparison to boys.
2. For the parentally rejected students of Government school there is no Gender difference in Career Maturity-Competence.

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3. . It is also concluded that for the parentally accepted & rejected students studying in Private schools there is a Gender difference. The parentally accepted as well as parentally rejected girls studying in private schools have better Career Maturity-Competence in comparison to boys.

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Conflict of Interests

The author declared no conflict of interests.

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Psychological Well-Being of the Elderly through Meditation

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ABSTRACT

Aging has been viewed differently by different people. Whereas to some it means power, authority, wisdom and respect, others consider it as a forced retirement leading to a state of dependency, loss of charm and of physical strength. To most, aging implies physiological and psychosocial changes that are reflected in their reduced income, lesser activities, and consequential loss of status, both in the family and in the society. In recent past, family was looked upon as the only institution to take care of the elderly and provide both emotional and financial support to them. But changes in the living arrangements and family structure, migration of children for jobs outside, and more prominently, radical changes in the nature of people from accommodative to an independent, self-centered, and individualistic outlook with callous concern for even very near relations, have compelled many old people to live alone. It appears that the changing family structure has affected the well-being of the elderly by depriving them of the familial support of a traditional joint family set up as well as improving upon them to adjust to the changing values and norms of the younger generation. In the present century, spirituality and religion have become welcome topics for health professionals in general and for mental health professionals in particular. There is a quest to integrate religion and spirituality with human behaviour.

Keywords: *Well-being, Meditation, Institutionalized elderly, Mental Health, Mental Alertness*

Graying population is one of the most “*significant characteristics*” of the twentieth century and the first quarter of the “*twenty first century*” is known as the “*age of aging*”. Aging is the progressive decline in function and performance, which accompanies advancing years. It is the process of growing old, resulting in part from the failure of body cells to function normally or to produce new body cells to replace those that are dead or malfunctioning. Aging refers to the regular changes that occur in mature genetically representative organisms living under representative environmental conditions as they advance in chronological age.

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Psychological Well-Being of the Elderly through Meditation

In old age, the elderly get affected due to lack of social, psychological and economic support from children who would have grown into adult hood and are in the web of fulfilling their own priorities. And due to lack any worthwhile scheme of “social insurance” and or “social assistance” these elderly would become one of the marginalized and vulnerable sections of these societies. Problems of the elderly are multi-dimensional and ever increasing in the modern era leading to a transition from rural agrarian economy to urban non-agrarian economy. In India, around four million people aged sixty and above are said to be suffering from mental illness and two third of these are diagnosed as depressed (Rao, 1988). Further a study by Patel (1997) on the mental problems of aging reveals that the chief mental problems are: mental tension, fear of death, feeling of dependence, anxiety, feeling of loneliness, feeling of helplessness, depression, feeling of uselessness and feeling of mental freedom.

It is unusual to find an elderly subject who has a physical illness but has not affected his mental and social states [1]. A sound mind can exist only in a sound body however, mental health is dependent on social harmony, family relation and sound or independent financial status. But loneliness is a deadly enemy during old age.

Psychological Well-Being

The roots of well-being can be traced from the beginning of human civilization. Since times immemorial men have prayed, “sarve sukhino bhavantu” (let all enjoy well-being). For centuries the emphasis have been on the negative aspect of well-being, emancipation from suffering – suffering from the consequences of events of actions, or suffering from the tensions of desire. Indeed any objective state of things to constitute a state of one’s well-being must be experienced by one self as satisfying. Roger’s (1959) has emphasized man’s reality is what he experiences and perceives with a certain degree of dependable predictability, and one’s satisfaction consists in the satisfaction of one’s need as experienced in the field as perceived. Well-being, however, is not merely as self based experience. It is primarily affective and is largely of the nature of a feeling and essentially a positive or pleasant feeling, a state of happiness or satisfaction. Well-being may also induced by qualities of one’s own or other’s behaviour. The sources of well-being are different in childhood, adolescence, youth, adult and old age. Well-being is also associated with the historical period in which one lives, the part of the world to which one belongs, one’s nation, country, religion, occupational group, organization and family as well as one’s own personality. People also draw a lot of well-being from those with whom they come in contact physically, socially, intellectually or otherwise.

General well-being refers to the subjective feelings of contentment, happiness, satisfaction with life, experience of ones role in the world of work, sense of achievement, utility, belongingness with no distress, dissatisfaction and worry, etc.” (Verma & Verma, 1989). In other words, general well-being implies hope, optimism, happiness and faith in the normal absolutes of truth, beauty and goodness, a proper perception of the means and ends related to the purpose of life and

Psychological Well-Being of the Elderly through Meditation

more than all a realization of the value of life. General well-being is a part of the broad concept of positive mental health which is not a mere absence of disease or infirmity (Verma, 1998). Verma (1998) opines that the absence psychological ill-being / ill-health does not necessarily mean presence of psychological well-being. Most studies in the past defined "wellness" as not being sick, as an absence of anxiety, depression, or other forms of mental problems. The new conception emphasizes positive characteristics of growth and development. There are six distinct components of psychological well-being. These are:

- (a) having a positive attitude towards oneself and one's past life(self-acceptance)
- (b) having goals and objectives that give life meaning (purpose in life)
- (c) being able to manage complex demands of daily life (environmental mastery)
- (d) having a sense of continued development and self-realization (personal growth)
- (e) possessing caring and trusting ties with others (positive relations with others)
- (f) and being able to follow one's own convictions (autonomy).

Western Perspective

The work on subjective well-being or psychological well-being is carried out under the broad topic of quality of life. The concept of well-being has been defined variously by the behavioural scientist. According to Campbell and others (1976), the quality of life is a composite measure of physical, mental and social well-being. Levi (1987) defined well-being as a dynamic state of mind characterized by a reasonable amount of harmony between an individual abilities, needs and expectations and environmental needs and opportunities. The WHO has also declared health as a state of physical, psychological, and spiritual well-being (WHO, 1987, carbofuran. Verma et al., 1989)

Veenhoven's (1991) definition of life satisfaction as the degree to which an individual judges the overall quality of life as a whole favorably was extended to represent subjective well-being. Psychological well-being is a person's evaluative reactions to his or her life either in terms of life satisfaction 'cognitive evaluations' or affect 'ongoing emotional reactions' (Diener & Diener, 1995)

Good life can be defined in terms of "subjective well-being" (SWB) and in colloquial terms is sometimes labeled as "happiness". Nishizawa (1996) interpreted the term "psychic well-being as the same as "happiness" along with one's cognitive appraisal of how satisfying his or her life has been and is, also encompassing positive future prospect of life, "hope". Diener, Sapyta, and Suh (1998) stated that subjective well-being is not sufficient for the good life but it appears to be increasingly necessary for it. According to Diener (2000) "Subjective well-being refers to people's evaluations of their lives-evaluation that are both affective and cognitive. People experience abundant subjective well-being when they feel many pleasant and few unpleasant emotions, when they are engaged in interesting activities, when they are satisfied with their

lives" (p 34). The field of subjective well-being focuses on people's own evaluations of their lives.

Eastern Perspective

The concept of well-being is well illustrated in the schools of Hindu philosophy. Buddhism and Jainism represent a view of personality and describe methods for its growth into particular form of perception. Well-being is equated with the integration of personality.

Psychological well-being to the Hindu means (1) integration of emotions with the help of an integrated teacher (a spiritual master, Guru), (2) acquiring a higher philosophy of life which helps to resolve inner tensions, (3) channeling basal passion directing the emotions to ultimate reality, (4) developing an attitude whereby everything is viewed as a manifestation of ultimate reality, (5) cultivation of higher qualities which replace negative qualities, and (6) the practice of concentration (Sinha, 1965).

The concept of well-being in Indian (Hindu) thought is significantly characterized by a state of "good mind" which is peaceful, quite, and serene. The Bhagavad Gita speaks of being steady of mind (Sthitapragya) and of performing ones duties without being lustfully attached to the fruits of one's action (Karmayoga) as presenting a healthy person. The dissolution of the self or ego is considered the most evolved stage of mental health; further it is believed that the healthy mind acts but does not react and, therefore, is always watchful of the root cause of any disturbance. A mind, which is free from conflicts and hence is clear about its duties that are performed with a spiritual mission, is a mind, which enjoys well-being (Verma, 1998).

Subjective well-being is an important and relevant theme in psycho-gerontological theory and practice. Scott Ehrlich and Derek M. Isaacowitz (1999) [2] individuals vary in their levels of Subjective well-being (SWB). SWB is a measure of how good an individual feels about his or her life at a moment in time. Early research predicted that SWB was influenced by a host of socio-demographic variables that explained individual differences in SWB (Diener, Suh, Lucas & Smith, 1999) [3]. The literature is consistent with higher levels of less negative emotional responses in older adults. Emotional experience is included in the component of emotional response of SWB. Carstensen, Pasupathi, Mayr, & Nesselroade (2000) [4] explored age differences in emotional experience in adults 18 to 94 years old. This research provides another piece of converging evidence that negative affect seems to stop declining at best, and is perhaps increasing in advanced old age. Age and life satisfaction refers to the cognitive-judgmental aspect of SWB. While there is less literature on life satisfaction than on emotional response, Diener et al (1999) provide a summary of several studies on the age differences of life satisfaction. According to this summary, life satisfaction seems to stay the same, if not increase with age. This finding countered earlier conventional wisdom that older people were less satisfied because they were unhappy with their fulfilled lives as they reached the uselessness of

old age. The increase in life satisfaction with age may be attributed to a trend in greater involvement in satisfying areas of life among older cohorts. Nonetheless, there seem to be a slight increase in life satisfaction from age 20 to age 80 with negative affect held constant. Considering that life satisfaction stays the same or increases in old age. Diener et al suggests that people become better at adapting to their conditions as they get older (1999).

MEDITATION

Meditating is any technique which enables us to relax our body and our mind and, besides, to free our mind of unnecessary thoughts and brain activity. For us Meditating is not an end in itself or a special experience, but just a very efficient technique, which helps us to control our mind and to relax our body. In general any form of Meditation rests on the following three principles:

1. In order to concentrate our mind we focus on one thing or object. This focus could be our breathing, a word that we repeat, sensations in our body, or even our thoughts. When meditating we often concentrate on our senses. When we smell, feel, listen or taste we escape from our puzzling thoughts and we live again in the now.
2. When our thoughts start to wander, we take them back to our object of Meditation or focus. We do not try to hide our thoughts or suppress them. Fighting to bring rest to our mind has nothing to do with relaxing. The whole process looks like focussing a camera on an object. The object comes to the fore and all other things are present but they disappear into the background. Every time we are distracted by objects in the background we again focus on our object in the foreground. This process may be repeated an endless number of times during a Meditation session.
3. During our Meditating, we ignore all irrelevant thoughts and sensations. When we meditate, we still hear the sound of passing traffic, we still feel yesterday's hangover, we still think of the jobs we will have to do tomorrow, etc. The big difference is that these distractions do not disturb us any longer. During our Meditation, we try not to judge, not to draw conclusions or to think of trivial matters. We accept the present moment as it is.

Meditating differs from other forms of relaxation in the sense that during Meditation we are more awake, more alert and better focussed. We are relaxed and still alert. Research has proved that the longer we keep practicing Meditation the more we become relaxed. At the same time we also become more observant and more aware, something that other ways of relaxation do not achieve because they do not train our powers of concentration. Therefore, we should not confuse Meditating with a dream, with sleep or a state of trance.

For with such activities we are not concentrated and alert. And during Meditation we are. During Meditation we focus on what happens now, at this very moment. Every thought has by definition to do with the past or the present and diverts us from what is happening NOW. When we focus we give our mind but one single demand. Because we only have to deal with one command this

costs us little trouble and little energy. We are not faced with an emergency or a stressful situation and therefore our body and our mind can start to relax. As we are relaxed we can enjoy our experiences in a more conscious way and we get more aware in everything we do. Think of what this can mean for all the beautiful moments of your life and how intensely you can enjoy nice hobbies and simple things like pleasant moments. You will admit that all the best moments of your life take place when you are not thinking, but experiencing and thus are living the present moment. Joan Borysenko, Ph.D., a pioneer in the field of mind/body medicine, defines Meditation as any activity that brings us to the present and keeps us there. The methods of Meditation we can also easily practice in our daily lives. Meditating teaches us to become more aware and more observant, so that we spend more and more time in the NOW and the quality of our life improves. We achieve our end by simply BEING and not by doing something. That is the essence of Meditation.

There are many methods of meditation. Sage Patanjali described eight steps in yoga to achieve the goal of super consciousness. Vipasana meditation of Lord Buddha (500 BC) and other types of meditation has been reviewed recently. The main issue of concern for clinical psychology and health psychologist is whether meditation is a useful procedure for enhancing happiness or psychological well-being. Many people believe that meditation enable the person to reach a state of profound rest, as claimed popular self-help books (Foremen, 1974). Bhaskaran (1991) [8], observed that meditation would appear to have preventive potential. Meditation would also seem to have potential for enhancing psychological well-being, especially if we include the spiritual dimension in our concept of happiness. The author has personal experience of effects of meditation in enhancement of his subjective well-being by participating in 10 days Vipassana camp at Galta, Jaipur. Meditation may promote the “Being” mode of living postulated by Fromm (1976) [9], against the “Having” mode.

TECHNIQUES OF MEDITATION

Meditation is one of the Five Principles of Yoga. It is the practice by which there is constant observation of the mind. It requires you to focus your mind at one point and stilling the mind in order to perceive the self. Through the practice of Meditation, you will achieve a greater sense of purpose and strength of will. It also helps you achieve a clearer mind, improve your concentration, and discover the wisdom and tranquility within you. Meditation is also one of the Eight Limbs of Yoga which leads to Samadhi or Enlightenment. Research shows that the practice of Meditation contributes to our physical and psychological well-being. It can reduce Blood Pressure and relieve stress and pain. Meditating also brings our mind to a level of consciousness that promotes healing or what is known as the alpha state. Achieving the alpha state can help decrease Anxiety, Depression and other Mental, Psychological, or emotional problems. This meditation process is good to induce relaxation response. Plan to make meditation a regular part of your daily routine. Set aside 10 to 20 minutes each day at the same time, if possible. Before breakfast is a good time.

Mindfulness Meditation

Free your energy flow for Well Being by practicing Mindfulness Meditation. In mindfulness, we observe inward, watching our thoughts without attachment to them. The practice is quite simple. To begin, set your timer or stopwatch for 5 minutes. Then sit in a comfortable position, close your eyes, and focus on your breath. FEEL the breath coming and going, going and coming, through your nose. Your breath becomes the vehicle to carry you towards peace. Now notice how easily you become distracted from the feel of your breath. A thought travels through your mind. That thought leads to another, and another. Finally, you remember that you are supposed to be feeling your breath, and you return. But from where did you return? Where does the mind go? Experiment again and this time you feel a pressure or pain in your body. You follow that pain and another series of thoughts results. And again, you return to the breath. Each time you return to the sensation of your own breath on your nose you have gained a little more control over your own mind.

Our own mind carries us away. Our thoughts are like unruly children, constantly pulling us here and there. And this constant pulling is the source of our stress and pain. Mindfulness is the skill that allows us to watch our thoughts and feelings without being pulled by them. Initially in practice all this mental chatter preoccupies us. Then we begin to realize that we do have control. By noticing and observing, we stop reacting. And it is our reactions to our thoughts that bring us emotional stress and physical dis-ease.

Simple Meditation

1. Choose a quiet spot where you will not be disturbed by other people or by the telephone.
2. Sit quietly in a comfortable position. Refer to the section on postures for recommendations on sitting positions.
3. Eliminate distractions and interruptions during the period you will be meditating.
4. Commit yourself to a specific length of time and try to stick to it.
5. Pick a focus word or short phrase that's firmly rooted in your personal belief system. A non-religious person might choose a neutral word like one, peace, or love. Others might use the opening words of a favorite prayer from their religion such as 'Hail Mary full of Grace', 'I surrender all to you', 'Hallelujah', 'Om', etc.
6. Close your eyes. This makes it easy to concentrate.
7. Relax your muscles sequentially from head to feet. This helps to break the connection between stressful thoughts and a tense body. Starting with your forehead, become aware of tension as you breathe in. Let go of any obvious tension as you breathe out. Go through the rest of your body in this way, proceeding down through your eyes, jaws, neck, shoulders, arms, hands, chest, upper back, middle back and midriff, lower back, belly, pelvis, buttocks, thighs, calves, and feet.
8. Breathe slowly and naturally, repeating your focus word or phrase silently as you exhale.

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9. Assume a passive attitude. Don't worry about how well you're doing. When other thoughts come to mind, simply say, "Oh, well," and gently return to the repetition.
10. Continue for 10 to 20 minutes. You may open your eyes to check the time, but do not use an alarm. After you finish: Sit quietly for a minute or so, at first with your eyes closed and later with your eyes open. Do not stand for one or two minutes.

Meditation is one of the five principles of yoga. It an important tool to achieve mental clarity and health. An overview of the different beginner and advanced meditation techniques will aid in choosing the right meditation exercise for you.

Walking Meditation

According to Jon Kabat-Zinn Director of the Stress Reduction Clinic at the University of Massachusetts Medical Center, one simple way to bring awareness into your life is through walking meditation. "This brings your attention to the actual experience of walking as you are doing it, focusing on the sensations in your feet and legs, feeling your whole body moving, " Dr. Kabat-Zinn explains. "You can also integrate awareness of your breathing with the experience." To do this exercise, focus the attention on each foot as it contacts the ground. When the mind wanders away from the feet or legs, or the feeling of the body walking, refocus your attention. To deepen your concentration, don't look around, but keep your gaze in front of you. "One thing that you find out when you have been practicing mindfulness for a while is that nothing is quite as simple as it appears, " says Dr. Kabat-Zinn. "This is as true for walking as it is for anything else. For one thing, we carry our mind around with us when we walk, so we are usually absorbed in our own thoughts to one extent or another. We are hardly ever just walking, even when we are just going out for a walk'. Walking meditation involves intentionally attending to the experience of walking itself. Meditation is one of the five principles of yoga. It an important tool to achieve mental clarity and health. An overview of the different beginner and advanced meditation techniques will aid in choosing the right meditation exercise for you.

Vibration Meditation

Also called sounding meditation, this technique uses the repetition of a word or sound as its focal point. Vibration meditation has appeal to those who find that making noise is a path to inner quiet. We are taught to be nice and quiet as little children. Releasing sound and noise helps us release stress. Get on your feet. Stand with your feet shoulder-width apart, your knees slightly bent and your hips centered, as though you are about to squat. Or, if you wish, sit or lie down. Keep your body loose and comfortable with your arms at your sides or on your hips. Begin by taking a few cleansing breaths. Pick a word, any word. Choose a word that alternates vowels and consonants-like "serenity." The word that you select does not necessarily have to be a spiritual one. It just has to feel good when you say it. Repeat after yourself. Repeat the word, chant the word, focus on nothing but saying the word repeatedly. Let the sound of the word vibrate through your body. Let the word resonate up from your abdomen and let it go to your hands,

your feet. Let your muscles move as you chant the word. Some people have a tendency to clench their muscles when they are tense. It is important to roll the sound through your body so that you can clear out the tightness in your muscles. Doing so promotes the meditative state of relaxation that feels like a natural high.

Mantra meditation

Prepare for your meditation as usual. A mantra is a word or a phrase that is repeated over and over as a means of achieving focus and concentration for deep meditation. The failsafe method of meditation is with mantras. No matter how much trouble you are having concentrating or getting time, a mantric meditation will always get you meditating quickly. It is also the easiest. I like to use mantras during the day at any time (not aloud) to get me centred. For example, at work, I might be sitting in a boring meeting & chanting quietly helps me remember my life's goals (and keeps me awake). AUM is the most powerful mantra. It is able to reveal all the qualities of the soul. But choose a mantra you would like to use. Repeat it aloud or to yourself. Feel that the source of the mantra is in the deepest, inmost recesses of your heart and that you have to really focus, really concentrate to open the floodgates of that quality. Use the flow of your breath if you like to create the rhythm of the flow of energy.

For this exercise, please try three different mantras. As you know in the classes, I always give people the opportunity to vote for the mantras they like the best. Invariably 'Peace', 'Love' and 'AUM' are the most popular - so let's try them. For each of these mantras I would like you to feel that you are not creating the quality but rather that the quality exists in infinite measure within you and all you are doing is allowing it to be channeled into your consciousness. For example, let's try 'peace'. Please close your eyes and imagine a fountain of peace is flowing from the inmost recesses of your heart. You might visualize it is a light or even a rainbow that is shining from deep within and flowing out into every atom of your being. With each repetition of 'Peace' feel that flow of energy. Try and remember that this flow is not your possession - it is the channeling of the infinite peace that is the nature of the kingdom of heaven and rises from within each of us.

Repeat the mantra out loud for 2-4 minutes then for the same time to yourself. Take a moment or two to contemplate what you have felt at the end of each mantric exercise.

Repeat the process with the mantra 'love'. You might imagine that your repetition of the mantra is allowing you to connect to that most powerful connecting force, love.

Finally with the mantra, AUM, you might simply recall that AUM is said to be the closest sound to the actual vibration to the soul. That every quality is present in AUM and the wonderful thing is that whatever we need will be presented to us with the repetition of this most powerful of all mantras.

Journey Meditation

Journey Meditation combines imagery and visualization to achieve a meditative state. This form of Meditation appeals to those who find peace by picturing themselves in a peaceful place.

Sit up straight. Get into a comfortable position. Either sit on the floor with your back against a wall, or sit in a chair with your feet on the ground and your hands resting on your knees or thighs. Have a pad and pencil nearby.

Write down the worries, concerns or problems that you are afraid will distract you from Meditation, and promise yourself that you'll deal with them when you're done. Take a few Cleansing Breaths. Breathe in slowly and deeply for five counts, then exhale slowly for five counts.

Journey Meditation Technique

Find a peaceful place. Close your eyes and concentrate on a soothing, tranquil place where you feel safe and calm. As distractions flutter through your mind, remind yourself that you will deal with them when you are finished Meditating. A quiet beach is an ideal mental destination for most people. Picture yourself resting on the sand. Feel the sun on your skin, hear the water lapping the shore, listen for the sounds of seagulls or see the ships gliding out to sea. You can use the same routine for any beautiful, serene place that calms you.

Do it twice a day. Most persons will benefit from a 5- to 15-minute Meditation practiced several days a week. A good rule of thumb for practicing Journey Meditation is to do it in the morning and then again later in the day. A peaceful Meditative Journey as you wake up can improve the whole tone of your day. Journey Meditation is also an excellent antidote for afternoon slump. Most people find that at about 3.00 PM, they are at their lowest energy level for the day. This is a good time to take a short nap or to take a short journey break. In as little as ten minutes, you'll find that you've refreshed yourself.

Body Scan Meditation

Body Scan Meditation is often used by people who want to try a more formal type of mindfulness without attending a Yoga or Tai Chi class. Lie on your back with your legs uncrossed, your arms at your sides, palms up, and your eyes open or closed, as you wish. Focus on your Breathing, how the air moves in and out of your body. After several deep breaths, as you begin to feel comfortable and relaxed, direct your attention to the toes of your left foot. Tune into any sensations in that part of your body while remaining aware of your Breathing. It often helps to imagine each breath flowing to the spot where you're directing your attention. Focus on your left toes for one to two minutes. Then move your focus to the sole of your left foot and hold it there for a minute or two while continuing to pay attention to your breathing. Follow the same procedure as you move to your left ankle, calf, knees, thigh, hip and so on all around the body.

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Pay particular attention to any areas that cause pain or are the focus of any medical condition (for Asthma, the lungs; for Diabetes, the pancreas). Pay particular attention to the head: the jaw, chin, lips, tongue, roof of the mouth, nostrils, throat, cheeks, eyelids, eyes, eyebrows, forehead, temples and scalp.

Finally, focus on the very top of your hair, the uppermost part of your body. Then let go of the body altogether, and in your mind, hover above yourself as your breath reaches beyond you and touches the universe.

Breath and Navel Meditation

Breath and Navel Meditation is the oldest Meditation Method on record in China as well as India. It is also the method usually taught to Beginners. Breath and Navel Meditation works directly with the natural flow of breath in the nostrils and the expansion and contraction of the abdomen. This Taoist Meditation is a good way to develop focused attention and one-pointed awareness.

1. Sit cross-legged on a cushion, on the floor, or upright on a low stool and adjust the body's posture until well balanced and comfortable. Press tongue to palate, close your mouth without clenching the teeth, and lower the eyelids until almost closed.
2. Breathe naturally through the nose, drawing the inhalation deep down into the abdomen and making the exhalation long and smooth. Focus your attention on two sensations, one above and the other below. Above, focus on the gentle breeze of air flowing in and out of the nostrils like a bellows. In exhalation, try to 'follow' the breath out as far as possible, from 3 to 18 inches. Below, focus on the Navel rising and falling and the entire abdomen expanding and contracting like a balloon with each inhalation and exhalation. You may focus attention on the nostrils or the abdomen, or on both, or on one and then the other, whichever suits you best. From time to time, mentally check your Posture and adjust it if necessary. Whenever you catch your mind wandering off or getting cluttered with thoughts, consciously shift your attention back to your Breath. Sometimes it helps to count either inhalations or exhalations, until your mind is stably focused.

Central Channel Meditation

Central Channel Meditation is an ancient Taoist method modified and taught by Master Han Yu-mo at his Sung Yang Tao Centers in Taiwan and Canada. It is a simple and effective way for Beginners to rapidly develop a tangible awareness of internal energy and a familiarity with the major power points through which energy is circulated and exchanged with the surrounding sources of heaven and earth. It relaxes the body, replenishes energy, and invigorates the spirit.

1. Adopt a comfortable Sitting Posture. First, take a deep breath and bend forward slowly, exhaling audibly through the mouth in order to expel stale breath from the lungs; repeat three times. Then, sit still and breathe naturally, letting the abdomen expand and contract with each breath. However, instead of focusing attention on the flow of air through the nostrils, focus on

the beam of energy entering the crown of the head at a point about two inches above the hairline, called the 'Medicine Palace'.

2. Feel the beam of energy flowing in through this point as you begin each inhalation and follow it down through the Central Channel into the Lower Elixir Field below the navel, then follow it back up the Central Channel and out through the Medicine Palace point on exhalation. The sensation at the crown point is most noticeable at the beginning of inhalation and the end of exhalation and feels somewhat like a flap or valve opening and closing as energy flows through it. There may also be feelings of warmth, tingling, or numbness in the scalp, all of which are signs of energy moving under the scrutiny of awareness.

3. After practicing this method for a while, your head may start to rock spontaneously back and forth or from side to side after fifteen or twenty minutes of sitting, or else your entire body may start trembling and shaking. This is a good sign, for it means that your channels are opening and that energy is coursing strongly through them. Try neither to suppress nor encourage these spontaneous tremors; instead just let them run their course naturally. After practicing this method for a few weeks or months and developing a conscious feel for energy as it moves through the Medicine Palace point, you may start to work with other points of exit during exhalation, always drawing energy in through the crown point on inhalation. For example, you may bring energy in through the crown and down to the abdomen on inhalation, then push it back up and out through the 'Celestial Eye' point between the brows. This point usually brings rapid results - a distinct tingling or throbbing sensation between the brows. The Celestial Eye is the point through which 'psychic vision' perceive aspects of the world that are hidden to ordinary eyesight. The mass of magnetite crystals between the forehead and the pituitary gland is sensitive to subtle fluctuations in surrounding electromagnetic fields. In other words, psychic vision perceives by virtue of its sensitivity to electromagnetic energy rather than the light or sound energy perceived by eyes and ears. So-called 'psychics' are those who have learned how to interpret the electromagnetic signals from the magnetic organ between the eyes in terms of ordinary perception and rational thought. In addition to the brow point, you may also practice expelling energy on exhalation through the points in the centers of the palms, the centers of the soles, and the perineum point midway between genitals and anus. In each case, look for sensations of warmth or tingling at the point of exit.

Microcosmic Orbit Meditation

This is the classic Taoist Meditation method for refining, raising, and circulating internal energy via the 'orbit' formed by the 'Governing Channel' from perineum up to head and the Conception Channel from head back down to perineum. Activating the Microcosmic Orbit is a key step that leads to more advanced practices. Taoists believe that Microcosmic Orbit Meditation fills the reservoirs of the Governing and Conception channels with energy, which is then distributed to all the major organ-energy meridians, thereby energizing the internal organs. It draws abundant energy up from the sacrum into the brain, thereby enhancing cerebral circulation of blood and stimulating secretions of vital neurochemicals. It is also the first stage for cultivating the

'spiritual embryo' or 'golden elixir' of immortality, a process that begins in the lower abdomen and culminates in the mid-brain. This is probably the best of all Taoist methods for cultivating health and longevity while also 'opening the three passes' to higher spiritual awareness. Taoists often refer things in symbolic languages. (See the section on Human anatomy from the Taoist perspective for a description of the symbolism used in referring to the human anatomy.) 'Opening the Three Passes' is another name for this Meditation method and refers to the three critical junctions which pave the way for energy to travel up from the sacrum through the Governing Channel along the spine into the head.

1. The first step is to still the body, calm the mind, and regulate the breath. With this settled mind, sit alone in a quiet room, senses shut and eyelids lowered. Turn your attention within, and inwardly visualize a pocket of energy in the umbilical region; within it is a point of golden light, clear and bright, immaculately pure. Focus attention on the navel until you feel the 'pocket of energy' glowing in the umbilical region. The breath through your nose will naturally become light and subtle, going out and in evenly and finely, continuously and quietly, gradually becoming slighter and subtler. When the feeling is stable and the energy there is full, use your mind to guide energy down to the perineum and back up through the aperture in the coccyx.
2. Steadily visualize this true energy as being like a small snake gradually passing through the nine apertures of the coccyx. When you feel the energy has gone through this pass, visualize this true energy rising up to where the ribs meet the spine, then going through this pass and right on up to the Jade Pillow, the back of the brain.
3. Then imagine your true spirit in the Nirvana Chamber in the center of the brain, taking in the energy. When this true energy goes through the Jade Pillow, press the tongue against the palate. The head should move forward and tilt slightly upwards to help it. When you feel this true energy penetrating the Nirvana Chamber, this may feel hot or swollen. This means the pass has been cleared and the energy has reached the Nirvana Center.
4. Next, focus attention on the Celestial Eye between the eyebrows and draw energy forwards from the midbrain and out through the point between the brows. This may cause a tingling or throbbing sensation there. Then the center of the brows will throb - this means the Celestial Eye is about to open. Then move the spirit into the center of the brows and draw the true energy through the Celestial Eye. If you see the eighteen thousand pores and three hundred and sixty joints of the whole body explode open all at once, each joint parting three-tenths of an inch, this is evidence of the opening of the Celestial Eye. This is what is meant when it is said that when one pass opens all the passes open, and when one opening is cleared all the openings are cleared.
5. You may wish to stay and work with this point for a few minutes, before letting energy sink down through the palate and tongue into the throat to the heart. This may feel as though there is cool water going down the Multistoried Tower of the windpipe. Do not swallow; let it go down by itself, bathing the bronchial tubes. Then the vital energy will bathe the internal organs and then return to the genitals. This is what is called return to the root.

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6. From the heart, draw it down through the Middle Elixir Field in the solar plexus, past the navel, and down into the Ocean of Energy reservoir in the Lower Elixir Field, where energy gathers, mixes, and is reserved for internal circulation. Then begin another cycle up through the coccyx to the mid-spine behind the heart and up past the Jade Pillow into the brain.

7. Breathe naturally with your abdomen, and don't worry whether energy moves up or down on inhalation or exhalation; coordinate the flow of breath and energy in whatever manner suits you best. However, if you reach the stage where you can complete a full Microcosmic Orbit in a single breath, it's best to raise energy up from coccyx to head on exhalation and draw it down from Upper to Lower Elixir Field on inhalation. If you practice this way for a long time, eventually you can complete a whole cycle of ascent and descent in one visualization. If you can quietly practice this inner work continuously, whether walking, standing still, sitting, or lying down, then the vital energy will circulate within, and there will naturally be no problem of leakage. Chronic physical ailments, Taoists believe, will naturally disappear. Also, once the inner energy is circulating, the breath will naturally become fine, and the true positive energy of heaven and earth will be inhaled by way of the breath and go down to join your own generative energy. The two energies will mix together, both to be circulated by you together, descending and ascending over and over, circulating up and down to replenish the depleted true energy in your body. This true energy harmonizes and reforms, so that the vital fluids produced by the energy of daily life again produce true vitality. When true vitality is fully developed, it naturally produces true energy, and when true energy is fully developed it naturally produces our true spirit. If you have any physical problems or discomforts in a particular section of your body, focus your energy at the pass closest to the discomfort and let it throb there for a while. This will help heal and rejuvenate the injured tissues. For example, if you have pelvic problems, focus energy on the coccyx pass; for lower-back pain focus on the lowest lumbar vertebra just above the sacrum; for upper-back and shoulder pain focus on the fifth thoracic vertebra, and so forth. This Meditation may also cause the head to rock or the body to tremble, which, Taoists believe, is signs of progress.

BENEFITS OF MEDITATION

Research has shown that Meditation can contribute to an individual's psychological and physiological well-being. This is accomplished as Meditation brings the brainwave pattern into an alpha state, which is a level of consciousness that promotes the healing state. There is scientific evidence that Meditation can reduce blood pressure and relieve pain and stress. In the coming sections we have divided the health benefits of meditation in three parts: (1) physiological benefits; (2) psychological benefits' and (3) spiritual benefits.

Physiological Benefits

- Deep rest-as measured by decreased metabolic rate, lower heart rate, and reduced workload of the heart.
- Lowered levels of cortisol and lactate-two chemicals associated with stress.

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- Reduction of free radicals- unstable oxygen molecules that can cause tissue damage.
- Decreased high blood pressure.
- Higher skin resistance. Low skin resistance is correlated with higher stress and anxiety levels.
- Drop in cholesterol levels. High cholesterol is associated with cardiovascular disease.
- Improved flow of air to the lungs resulting in easier breathing. This has been very helpful to asthma patients.
- Decreases the aging process.
- Higher levels of DHEAS in the elderly. An additional sign of youthfulness.

Psychological Benefits

- Increased brain wave coherence.
- Greater creativity.
- Decreased anxiety.
- Decreased depression
- Decreased irritability and moodiness
- Improved learning ability and memory.
- Increased self-actualization.
- Increased feelings of vitality and rejuvenation.
- Increased happiness.
- Increased emotional stability.

Spiritual Benefits

The longer an individual practices meditation, the greater the likelihood that his or her goals and efforts will shift toward personal and spiritual growth. Many individuals who initially learn meditation for its self-regulatory aspects find that as their practice deepens they are drawn more and more into the realm of the "spiritual." In her work with many cancer and AIDS patients, Dr. Borysenko has observed that many are most interested in meditation as a way of becoming more attuned to the spiritual dimension of life. She reports that many die "healed," in a state of compassionate self-awareness and self-acceptance.

PSYCHOLOGICAL WELL-BEING AND MEDITATION

Meditation is a mental exercise in which we direct our mind to think inwardly by shutting our sense organs to external stimulations. It is a vedic exercise which can be used as a powerful instrument to restrain sense organs, control autonomic nervous system and also to attain super consciousness. [4] ordinarily there are two planes in which the mind functions, the conscious and unconscious. Yet there can be one more plane, which is higher than both, one where the mind goes beyond the level of self-consciousness called super consciousness. When a man goes to sleep he enters the plane of sub consciousness; on waking up he regains his consciousness and

becomes a normal person. But when a person has attained super consciousness, usually through the prolonged practice of meditation, on returning to the conscious state he becomes a different person having acquired greater knowledge and wisdom. Studies on normal individuals have indicated that a regular practice of yogic postures (physical) leads to psychological improvement in the intelligence and memory quotient and a decrease in the pulse rate, blood pressure, respiration and body weight. The biochemical examination of the blood has shown decrease in blood sugar and serum cholesterol and a rise in the serum protein level. However, practice of breathing exercise Pranayam etc. alone produces similar results except that fall in serum lipids was more marked than was noted in the practice of physical postures. After intensive meditation for 10 days there was a marked rise of neurohumours and their enzymes such as acetylcholine, catecholamine, cholinesterase's and monoamine oxidases with a fall of plasma cortisol. When all the three integrated yogic practices, namely physical postures, breathing exercises and meditation were combined it was found that there was a decrease in the neurohumours and their related enzymes and an increase in the plasma cortisol levels. After practicing kundalini type of meditation for many years, Gopikrishnan described his great experience of attaining super consciousness and the subsequent remarkable events that occurred in his life [5]. Still recently Maharishi Mahesh Yogi described a simple method popularly known as transcendental meditation for attaining self-consciousness to be guided by the law of Nature [6,7].

EFFECTIVENESS OF MEDITATION ON ELDERLY

Meditation particularly, transcendental meditation in a comfortable sitting position and Benson's meditation for beginners even in lying down position short of sleep can be practiced in all conditions and at all ages. It has been suggested that regular meditation is the key to health (mental, physical and social well being) in elderly subjects [10]. Scientific evidence of its effect on health and disease is quite recent. In recent years Transcendental Meditation (TM) has been shown to reduce anxiety, decrease hospitalization, improve intelligence and performance [11]. However, it has been demonstrated that regular practice of TM 20 minutes in the morning and evening reverses the aging process. It is of particular interest of elderly subjects to practice meditation.

Vipassana meditation has recently been shown as a perfect anti-stress remedy with significant increase in neuro-humoral contents of blood and a decrease in plasma cortisol level, whereas transcendental meditation caused greater tranquility with increase in alpha wave activity in addition to wide ranging effect on health, memory, intelligence, performance and reversal of aging process.

Current research shown mindfulness meditation and 'OM' mantra can influence mental alertness. Controlled studies of effect of meditation in young students in improving intelligence, memory and performance and in elderly in relation to health and reversal of aging process are under study

at Medical Research Centre, Bombay Hospital. However, practice of meditation particularly TM along with modified and balanced diet might be contributory [12].

CONCLUSION

In order to lead an active life as age advances, proper planning is essential right from the middle age itself so as to have good physical and sound mental health along with social harmony.

Meditation is a vedic technique known for thousands of years claiming wide ranging effect on body and mind, however, scientific research on meditation is quite recent. Yogic exercises have been shown to benefit certain diseases however, when combined with meditation (integrated yoga) produces tranquility of mind and increases resistance to stress including elevating the level of super consciousness.

Presently controlled studies are going on in the Medical Research Centre of Bombay Hospital, amongst the Nursing students on meditation in relation to improved intelligence, performance, and alertness and in the elderly subjects in relation to improved health and reversal of aging process.

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Conflict of Interests

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Cyberbullying and Parental Monitoring Among Secondary School Students

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ABSTRACT

This study examined the association of cyber bullying behaviour with parental monitoring of secondary school students. The sample was 600 school students selected from four different states of south India. A stratified random sampling technique was employed. Measure of cyber bullying and online aggression survey by Hinduja & Patchin (2009) and the Parental Monitoring Scale (Small and Kerns, 1993) to respondent. Data collected were analyzed using t-test and correlation. The results indicate that students with low or less level of parental monitoring are more involved in cyberbullying than the other students.

Keywords: *Cyberbullying, Parental monitoring and Students*

Bullying of school aged children is not a new phenomenon and it has been well established as a common and serious problem in society. It is likely that most children and adults have stories to share about either their own experiences of bullying or victimization or witnessing acts of aggression toward others. The age-old problem of being victimized by bullies has often been viewed as a normal part of growing up or even a “rite of passage” for children and adolescents (Limber and Small, 2003). This new form of bullying, known as cyberbullying, online harassment, or internet bullying, bullies torment their victims in cyberspace with various forms of technology such as e-mails, instant messaging, chat rooms, and web sites. Text messaging over cell phones and phone cameras has also become new mediums for bullying (Campbell, 2005; Paulson, 2003; Peterson, 2002).

According to (Belsey 2005,) cyberbullying involves the use of information and communication technologies such as email, cell phone, pager text messages, instant messaging, defamatory personal web sites and defamatory online personal polling to support deliberate, repeated and hostile behaviour by an individual or group to harm others. The parental monitoring plays key roles because cyberbullying often occurs at home; however, parental monitoring strategies do not

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seem to work well. Dishion and McMahon (1998) defined Parental monitoring in terms of “parenting behaviours involving attention to and track of the child’s whereabouts, activities, and adaptations”. Many parents are unaware of their children’s online and day-to-day activities (Englander, 2007). Mason (2008) said about 30% of adolescents use the Internet for 3 hours or more daily, and during these hours, more than 50% of them reported poor parental monitoring. Rosen (2007) also pointed out many parents —were unsure what their children were doing online, but didn’t know how to approach the subject with their teens. Similarly, McQuade et al. (2009) found that 93 percent of parents stated they established Internet rules for their child’s; however, 37 percent of children reported being given no rules from their parents on the Internet activity. Likewise, Rosen (2007) found that even though the majority of parents set limits on their children’s Internet use, they are not actually monitoring those limits. These findings indicate the difficulty of effective parental monitoring. In fact, Mesch (2009) reanalyzed a large secondary data of nationally representative youth sample ($N=945$) and found that parental mediation and monitoring are not very effective. Results from previous studies have revealed that the percentage of parents reporting that their child was engaged in bullying on the internet or via text messages was considerably lower (Dehue, Bolman, & Völlink, 2008) and this is because permissive parenting are less likely to acknowledge their childrens activities (Marini, Dane, Bosacki, & Ylc-Cura, 2006). Moreover, it was found that there are various factors influencing cyberbullying. Studies exploring the role of parental monitoring on cyberbullying were done on different occasions. On the above grounds the present research is aimed at studying the relationship between cyberbullying and parental monitoring.

Objectives:

1. to assess the cyber bullying and parental monitoring of secondary school students in relation to their gender and having own cell phone.
2. to find out relationship between cyber bullying and parental monitoring of secondary school students.

Hypotheses:

1. Secondary school students do not differ in parental monitoring on the basis of gender and having own cell phone.
2. Secondary school students do not differ in cyberbullying on the basis of gender and having own cell phone.
3. There will be no significant relationship between cyberbullying and parental monitoring.

METHODOLOGY

Procedure:

This study implemented survey method the self reported questionnaires were used to collected the data for two variables of the study along with the personal data sheet. The selected school students of ($N=610$) were given the standardized questionnaire under personal supervision. In

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spite of supervision it was found that some questionnaires were partially responded and hence only 600 were considered for the analysis.

Sample:

A sample of 600 secondary school students from the private schools of 4 major cities of South India namely, Bangalore, Thiruvananthapuram, Hyderabad and Chennai were taken for the study. Three schools from each city were selected and from each school 50 students were selected based on their willingness to participate in the study. School students of both genders (male and female) of age from 13 to 16 years were selected. The total sample surveyed for the current study was 600. Among the participants, 303 (50.5%) were boys and 297 (49.5%) were girls. Stratified random sampling technique was employed for selecting the samples.

Tools:

Cyberbullying and online aggression survey by Hinduja, S., & Patchin, J. W. (2009). To assess the cyber bullying a 14 item which contains components a) Cyber bullying Victimization, b) Cyber bullying Offending, it is a five point likert- type scale (e.g. “*Have you been made fun of in a chat room?*”). Cyberbullying Victimization Scale: Items 1–9 Cyberbullying Offending Scale: Items 10–14 Scale score created by summing item scores. Range of the victimization scale is 0–36; range of the offending scale is 0–20. Higher values represent more involvement with cyberbullying.

Parental Monitoring Scale (Small and Kerns, 1993) the scale contains six items that are self-statements (e.g. “my parent(s) know where I am after school”). Items are rated on a 5point Likert-type rating scale. Participant were asked how much the item “is true for you”, ranging from “never”, “rarely”, “sometimes”, “a lot of times”, “always”. Each question's score ranged from 0 to 4 with "never" and “very often”. Items from scale were summed so that higher score reflects higher level of parental monitoring. Cronbach's alpha for the six-item scale was 0.84.

RESULTS AND DISCUSSION

Table1: Shows the mean, SD and t-value for parental monitoring and cyberbullying of school students on the basis of gender.

Variables	Group	N	MEAN	S.D	‘t’
Parental monitoring	Male	303	1.55	1.448	0.327 NS
	Female	297	1.60	1.654	
Cyberbullying Victimization	Male	303	5.02	6.158	2.911*
	Female	297	3.76	4.276	
Cyberbullying Offending	Male	303	3.18	4.496	3.716*
	Female	297	2.01	3.052	

NS – Not Significant *Significant at 0.05 level

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Table 1 It is observed from the above table that the mean parental monitoring value of female students is 1.60, while mean parental monitoring value of male students is 1.55. The calculated 't'-value is found 0.327, which is not significant at 0.05 level. It is observed from the above table that the mean cyberbullying victimization value of male students is 5.02, while mean value female students is 3.76. The calculated 't'-value is found 2.911, which is significant at 0.05 level. And the cyberbullying offending mean value of male students is 3.18, while mean value of female is 2.01. The calculated 't'-value is 3.716, which is significant at 0.05 level. Hence, the hypothesis is accepted for parental monitoring and the hypothesis is not accepted for cyberbullying.

Table 2: Shows the mean, SD and t-value for parental monitoring and cyberbullying of school students on the basis of having own cell phone.

Variables	Group	N	MEAN	S.D	't'
Parental monitoring	Yes	312	1.70	1.546	2.215*
	No	288	1.42	1.549	
Cyberbullying victimization,	Yes	312	5.45	6.043	5.166*
	No	288	3.23	4.201	
Cyberbullying Offending	Yes	312	3.58	4.483	6.725*
	No	288	1.51	2.757	

*Significant at 0.05 level

Table 2 It is observed from the above table that the mean parental monitoring value of students having own cell phone is 1.70, while mean value of students not having own cell phone is 1.42. The calculated 't'-value is found 2.215, which is significant at 0.05 level. It is observed from the above table that the mean cyberbullying victimization value of students having own cell phone is 5.45, while mean value of students not having own cell phone is 3.23. The calculated 't'-value is found 5.166, which is significant at 0.05 level. And the mean cyberbullying offending value of students having own cell phone is 3.58, while mean value of students not having own cell phone is 1.51. The calculated 't'-value is found 6.725, which is significant at 0.05 level. Therefore hence the hypothesis is not accepted.

Table 3: showing the correlation coefficients between the parental monitoring and cyberbullying

Variables	Parental monitoring	LS
Cyberbullying victimization	r= -0.113**	p<0.01
Cyberbullying offending	r=-0.076**	p<0.01

**. Correlation is significant at the 0.01 level (2-tailed).

The table 3, shows that there is a significant relationship between parental monitoring, cyberbullying victimization (r= -0.113, p<0.01) and cyberbullying offending (r= -0.076, p<0.01)

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and therefore, there is a negative relationship between parental monitoring and cyberbullying. Hence, the hypothesis is not accepted. Parental monitoring may help to limit the negative consequences of the internet. Indeed, less parental monitoring increases the likelihood that an adolescent will experience negative behaviours online (Wang, Bianchi, and Raley (2005).

CONCLUSION

- 1.Secondary school students do not differ in parental monitoring but differ in cyberbullying on the basis of gender.
- 2.Secondary school students differ in parental monitoring and cyberbullying on the basis of having own cell phone.
- 3.There is a negative relationship between parental monitoring and cyberbullying offending and victimization.

DISCUSSION

In this study it was found that there was the relationship between cyberbullying and Parental monitoring was expected to have relationship and it was also found that there was a negative significant relationship found between parental monitoring, cyberbullying victimization and offending. This shows that when the parental monitoring was poor or less the prevalence of cyberbullying was high. Parental monitoring may help to limit the negative consequences of the internet. Indeed, less parental monitoring increases the likelihood that an adolescent will experience negative behaviours online (Wang, Bianchi, and Raley, 2005; Sun et al, 2005). In a study conducted by Sun et al. (2005) found less parental monitoring and more unsupervised time to be related to more email use, chat room use, and home internet use.

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Conflict of Interests

The author declared no conflict of interests.

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Friendship and Psychological Well-Being

Shaheen Falki^{1*}, Fauzia Khatoon²

ABSTRACT

“Some people go to priests. Others to poetry. I to my friends”. This quotation by Virginia Woolfe would be the perfect way to start this study. “A faithful friend is the medicine of life.” Again a quotation but this time by Apocrypha is apt to define the purpose of this study. Everyone has friends – sometimes only one, while at other times, many. But what is the importance of friendship or friends to a person? How does having a friend help us in our time of need, problems and sorrow? Is it possible that friendship relaxes us or reduces our tensions? Does friendship have effect on our well-being and especially psychological well-being? The aim of the current study was to find out what role does Friendship play in Psychological Well-Being. The study was carried on the sample of 200 individuals all aged from 17 to 35. Dimensions of Friendship Scale (SunandaChandna and N.K. Chadha, 1986) and Psychological Well-Being Scale (Bhogle and Jai Prakesh, 1995) were used for the purpose of measurement. Results indicated that there is a significant positive correlation ($r = .723$) at 0.01 level of significance between friendship and psychological well-being.

Keywords: *Friendship, Well-Being, Psychological Well-Being*

It has been rightly said that a friend is someone who can see the truth and pain in you even when you are fooling everyone else. Sometimes it is a friend's shoulder that we need the most during the low phase of our life. At times like these, even our spouse, children or other family members fail to do what a friend does. A friend is the only person who sees us in and out and still loves us the way we are, never trying to change us. And the best part is, unlike our blood relations, it is a mutual choice that makes a friendship work. It has been rightly said by Walter Winchell that, “A real friend is one who walks in when the rest of the world walks out”. May be that's why if we have a friend by our side, life doesn't feel lonely anymore. A friend not only shares our problems and gives us the solutions, but also makes us laugh at our problems until we realize that no problem is big enough to make us sad. That's what friends are and that's what friends do. Everyone have friends at all or some stage of our lives. Friendship tends to change over a period

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of time as we age. Sometimes friendship gets stronger with the passage of time while at other times, friendship tends to fade away gradually over time.

There is no particular definition of friendship. It is a relationship with very vague boundaries. It can have a different meaning or emotional value to different people, and also different meaning or emotional value to the same person at different times. We do not have a specific type of friendship. We have true friends, BFF (Best Friends Forever), good friends, casual friends, work friends, etc. and no matter what name we assign to them, they are our friends. Several characteristics are present in all types of friendships. These include affection, sympathy, empathy, honesty, mutual understanding, compassion, enjoyment of each other's company, trust, and the ability to be oneself, express one's feelings, and make mistakes without fear of judgment from the friend. Friendships doesn't have any code of conducts or legal boundaries or any obligations, it's free from all these ties. Maybe that's why we feel free to be ourselves when we are with friends. It have been perfectly quoted by William Shakespeare that, 'A friend is one that knows you as you are, understands where you have been, accepts what you have become, and still, gently allows you to grow.'

Since 1960's friendship became one of the most talked about and written about topic among relationship scholars. Friendship is very essential element which affects our psychological well-being.

In layman language, well-being is a state of being comfortable, healthy and happy with ourselves and our life as whole. But what actually is well-being? Wellbeing, welfare or wellness is a general term for the condition of an individual or group for example their social, economic, psychological, spiritual or medical conditions; While Friedli (2009) defines well-being as feeling good and functioning well. This includes having a fair share of material resources, influence and control, a sense of meaning, belonging and connection with people and place and the capability to manage problems and change.

Psychological well-being refers to how people evaluate or perceive their lives. It is more than simple joy or happiness and it is also more than absence of depression and anxiety. In short, it is the feeling that we are living our life in enjoyable and rewarding way. According to Diener (1997), these evaluations may be in the form of cognitions or in the form of affect. The cognitive aspect includes all information based assessment of one's life which means when a person gives conscious evaluative conclusions about one's satisfaction with life as a whole. The affective aspects deals with a hedonic evaluation guided by emotions and feelings such as frequency with which people experience pleasant/unpleasant moods in relation to their lives. According to Shek (1992), Psychological Well-Being is a state of mentally healthy person who possess a number of positive mental health qualities such as active adjustment to the environment, and unity of

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personality.” Carol Ryff had broken down psychological wellbeing into 6 different components like:

- **Self-acceptance** –It is how we accept ourselves as we are and how happy and satisfied we are with ourselves.
- **Personal growth** – It is a feeling of continued development and potential and being open to new experiences, in life.
- **Purpose in life** –It is having aim in life or having a thing to look forward to everyday.
- **Environmental mastery** – It is feeling competent and able to manage a complex environment; choosing or creating personally suitable contexts.
- **Autonomy** – It means evaluating ourselves by personal standards.
- **Positive relations with others** – It is having warm, satisfying & trusting relationships.

A World Happiness Database (2010) study found that people with close friendships are happier. It has also been documented that friendship is the most important relationship in an emotional life of an individual between the end of early childhood and onset of full adulthood, and it has also been recorded that friendship is more intense than relationships later in life (Sparks & Glenn, 2007). It has also been seen that the absence of friends can be emotionally damaging (Williams & Alex, 2012). As an individual develop emotionally, it has a sequence in which it is noted that friendship comes after parental bonding and before pair bonding.

Psychological Well-Being in Relation to Friendship

There are numerous studies which prove that friendship has a positive effect on psychological well-being of a person. Friends are important source of positive socialization across the life span (Hartup & Stevens, 1997) and effects of social relationships on well-being have often been conceptualized in terms of social support that reduces the psychological impact of exposure to stress across the life span (Cohen & Wills, 1985). As adolescents make the transition into young adulthood, friends are especially important sources of such support (Carbery & Buhrmester, 1998; Kon & Losenkov, 1978). It has also been observed that support from friends may buffer the effects of stress experienced by college-aged women perhaps because friends are more available than family members for this aged group, both geographically and psychologically (Martin & Burks, 1985). People appear to develop fewer cross-gender friendships throughout the life span than same-gender friendships, but a substantial number of both children and adults report having such friends (Booth & Hess, 1974; Kovacs, Parker & Hoffman, 1996; Wright, 1989) and it appears that these friendships are related to psychological well-being (Hartup& Stevens, 1997)

Objective

- To find out correlation between Friendship and Psychological Well-Being.

Hypothesis

- There will be positive effect of Friendship on Psychological Well-being, i.e. those who score more on Dimensions of Friendship Scale will show high level of Psychological Well-being while those who score low on Dimension of Friendship Scale will show low level of Psychological Well-being.

METHOD

Participants

The samples of this study were citizens of Aligarh. The sample included 200 subjects. Their ages ranged from 17 to 35 years. The data was collected by the means of questionnaire method for Dimensions of Friendship and Psychological Well-Being.

Measures

1. ***Dimension of Friendship Scale*** developed by Sunanda Chandna & N.K. Chadha (1986) was used to measure the status of friendship in individuals. According to this scale friendship is divided into 8 dimensions such as enjoyment, acceptance, trust, respect, mutual assistance, confiding, understanding and spontaneity. This scale consists of 64 items out of which 37 were positively scored and 27 were negatively scored. The test-retest reliability of the scale was found to be .78, while the split-half reliability found out in case of even-odd items was .72 while for first-second half was .76. The validity of the scale was found to be .78.
2. ***Psychological Well-Being Questionnaire*** developed by Bhogly & Jai Prakesh (1995) was used in this study to measure Psychological Well-Being of students. This scale consists of 28 items with alternative response categories – Yes and No, designed to measure 13 dimensions of Psychological Well-Being including meaninglessness, somatic symptoms, selflessness, positive effects, daily activity, life satisfaction, suicidal ideas, personal control, social support, tension, wellness, general efficiency and satisfaction. The reliability was found to be .717. in terms of validity it correlates well, both with Subjective Well-Being Scale ($r = .622$) and with General Well-Being Scale ($r = .484$).

Procedure

The present study is based on citizens of Aligarh, Uttar Pradesh. The subjects in this study were between the ages ranging from 17 to 35. All the subjects were given both Scales, i.e. Dimension of Friendship Scale and Psychological Well-Being Scale to complete. The set of instructions were read out to the subjects for both scales and they were asked to inform if they couldn't understand any statement in any of the scale. In both the scales there was 2 response categories 'Yes' and 'No'. Subjects were also asked to fill the scale truthfully and to the best of their knowledge and finally they were reminded that there are no right and wrong answers. After completing the scale all the subjects were thanked and the completed scales were collected from them. Then the scoring of the scales was started.

DATA ANALYSIS

The mean score for Psychological Well-Being was calculated by adding all the scores obtained by individuals divided by the number of individuals ($N=200$). Mean scores of Psychological Well-Being was **17.92** while SD was **4.782**. The mean score of Friendship was **37.32** while SD was **11.350**. Bivariate Pearson Correlation was used for the present study to know whether there is a relationship between Friendship and Psychological Well-Being and if there is, then what is the direction of that relationship – whether it is positive relation, i.e. if there is high scores on Friendship than there is high score on Psychological Well-Being (direct relationship), or whether there is negative relation, i.e. if there is high score on Friendship than there is low score on Psychological Well-Being (inverse relationship). The value obtained by Bivariate Pearson Correlation is .723 which is significant at 0.01 level.

Table 1. Indicates Mean & SD of Friendship and Psychological Well-Being Descriptive Statistics

Variables	Mean	Std. Deviation	N
Psychological Well-Being	17.92	4.782	200
Friendship	37.32	11.350	200

Table 2. Indicates correlation between Friendship and Psychological Well-Being Correlations

Variables		PWB	Friendship
Psychological Well-Being	Pearson Correlation	1	.723**
	Sig. (2-tailed)		.000
	N	200	200
Friendship	Pearson Correlation	.723**	1
	Sig. (2-tailed)	.000	
	N	200	200

****.** Correlation is significant at the 0.01 level (2-tailed).

RESULT AND DISCUSSION

The result revealed by Table 2 shows that there is a significant correlation between Friendship and Psychological Well-Being. The value of correlation is .723 which is significant at 0.01 level of significance. It also shows the direction of relationship, which is positive meaning that when friendship increases then Psychological Well-Being also increases. This means our null hypothesis is rejected, i.e. there is significant correlation between the scores of Friendship and Psychological Well-Being.

Friendship and Psychological Well-Being

On the basis of correlation, it appeared that Friendship has an on overall positive effect on Psychological Well-Being. The purpose of this paper is to contribute to a theoretical understanding of role of friendship in promoting psychological well-being. The findings of the present study clearly indicate that friendship plays an important role in psychological well-being of an individual. Though the sample of the present study was quite small, previous researches in this area supports the result so this can be generalized.

It is seen that friendship is a very important part of an individual's life. Whether its childhood friendship, teenagers' friendship or a friendship in adulthood and old age. Irwin Sarason rightly quoted that – 'Good friends are good for your health.' Many a times it is only friendship that gives us strength to walk in darkness. 'I would rather walk with a friend in the dark, than alone in the light.' A quote by Helen Keller explains this feeling very well. And it's not only in sadness that a person needs friends but also in their happiness, friends don't lose their importance. We all want to share our happiest moments with our friends – whether it's our results, our first job, our love confessions, or our retirement news.

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Conflict of Interests

The author declared no conflict of interests.

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Does Subjective Well-being Depend On Childhood Punishment? - An Exploratory Study

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ABSTRACT

In India parents and teacher mostly use corporal punishment as a disciplinary technique. The purpose of the present study is to see whether the effect of corporal punishment continues in adulthood. Further, the study also tries to find out the effect of gender and perceived effect of punishment on SWB and adjustment of young adult. 186 participants (Female 100 and Male 86), aged 19 to 24 years, participated in the study. Results showed that childhood punishment as well as perceived effect of punishment had negative effect on SWB and adjustment of young adult. There was no gender variation on the variables. However, an interactive effect of gender and punishment on both variables was evident. Thus the present study implies that it is necessary to psycho educate authority figure about the negative effect of punishment.

Keywords: *India, Corporal Punishment, Subjective Wellbeing, Adjustment, Young Adult*

Discipline is the method by which adults teach children moral values, self-control and organize their behaviour (Papalia, Olds, & Feldman, 2007). To maintain social norm, it is the legal as well as moral duty of the parents, teachers to make their children disciplined. It is a powerful tool for socialization. The goal is to develop responsibility in the child, so that they can take care of self and others which ultimately foster well-being and adjustment. Disciplinary technique can be of three types (Hoffman 1963)-

Induction technique

In this method adults communicate what children can do or cannot do and set certain standers. The child has to follow these.

Power Assertion

Here adult uses threats, physical violence to change the behaviour of the child

Withdrawal of love

If children misbehave or violate standard set by adult; adult ignores, isolates the child. Sometime shows direct dislike to correct child's behaviour.

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Controversies exist among researchers and social workers regarding the effectiveness of the types of technique to maintain proper discipline. According to some researcher, inductive discipline is most effective form of discipline (Pettit, Bates & Dodge, 1997). But power assertive techniques especially corporal punishment is most popular form of disciplinary technique used by adults.

Straus (1994) defines corporal punishment as the use of physical force in such a way that the child experiences pain not injury. The purpose is to correct and control of the child's behaviour. According to Rohner, in corporal punishment adult (for example parents) directly imposes certain physical discomfort or pain on the child when he/she does not obey them and to prevent any unwanted behaviour.

Corporal punishment includes both direct infliction of physical discomfort i.e. spanking, slapping, whipping and indirect infliction of physical discomfort. In case of later the child has to perform some painful act like kneel down etc.

Besides physical punishment parents and teachers also use psychological punishment as a disciplinary method. Children and adolescence experience psychological punishment in the form of sarcasm, ridicule, name calling. These forms of punishments also have negative effect (Egeland & Erikson, 1987).

Corporal punishment is most popular disciplinary technique in India. Ministry of women and child development conducted a nationwide study in the year 2007. 12,447 children (age between 5 to 18 years) and 2,324 young adults (age between 18 to 24 years) participated in this study. Sixty nine percentage of participants reported that they have experienced corporal punishment (Kacker, Varadan & Kumar, 2007). Covell and Becker (2011) found that corporal punishment is widespread incident across India. Marrow and Sing (2014), conducted a longitudinal study in Andrapradesh and found that it is very common method of discipline across the schools of Andrapradesh.

Only one positive effect of corporal punishment is that the child immediately complies with adult (Gershoff, 2002). They obey adult out of fear. But it has several negative consequences. It can upset the harmonious relation between parents and child (Azrin, Hake, Holz & Hutchinson, 1965; Azrin & Holz, 1966). Punishment creates fear, anxiety and anger in children. They perceive it as parental rejection. Sometimes they want to avoid their parents. These may result in disruptive parent-child relationship (Bugental and Goodnow, 1998). Besides home, young adults spend a long time in colleges/ universities. So interest in curricular and co-curricular activities and harmonious relationship with teachers and peers are required for good adjustment. Corporal Punishment is very common disciplinary technique in school. But it has much negative effect on children. Children start to fear their teacher and may also start to dislike that particular subject.

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Anxiety causes from punishment also demotivate them. One develops poor self-esteem, emotional unresponsiveness, emotional instability and negative view about world due to high level of punishment (Rohner, Kevin & Cournoyer, 1991). However, most of these studies focus on immediate effect of punishment, but there is very little research on the effect of punishment in later life.

Therefore, present study aims to find out the long term effect of childhood corporal punishment and psychological punishment on Subjective Well-being (SWB) and adjustment of young adult.

Objectives

- 1) To see the long term effect of childhood corporal punishment and psychological punishment on SWB and adjustment of young adult.
- 2) To see the perceived effect of childhood corporal punishment and psychological punishment on SWB and adjustment of young adult.
- 3) To see whether the effect of corporal punishment and psychological punishment are influenced by gender.

METHOD

Participants

186 (Female 100 and Male 86) undergraduate and postgraduate students participated in this study. Sample was drawn from various colleges and universities of Kolkata, West Bengal. Age of the participants was between 19 to 24 years (mean age 21.4 years and SD 2.45). All of them were unmarried. Participants with family income below Rs 7500 or above Rs 42000; with history of separation, divorce and death of parents and who have any physical or psychological illness were excluded from the sample.

Tools used

Information Schedule: It is used to collect socio economic details of the participants.

Event summary questionnaire: Melissa J. Spencer (1999) developed this questionnaire. Here participant reported the extent to which they experienced punishment at both home and school. In addition, participants also reported the extent to which they were ridiculed and whether or not they experience punishment.

Subjective well-being inventory: Sell and Nagpal (1992) developed this inventory. SWB measures feelings of well-being and ill-being as experienced by an individual in various day to day life concerns. It has of 40 items. After each question there are 3 options. The respondent has to select one option which s (he) thinks most applicable to him/her.

Adjustment inventory for College Student: Sinha and Sing (2002) designed this inventory. This inventory can be administered to English/ Hindi knowing college student of India. It measures adjustment in five areas- Home, Health, Social, Emotional and educational. It helps to identify poorly adjusted student. This inventory consists of 102 items. There are two options- yes and no against each question.

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Procedure

Initially the researchers administered the questionnaire to 192 young adult. They rejected 6 data and finally 186 young adult participated in this study among them there were 100 female and 86 male (age 19 to 24 years). All of them were undergraduate and postgraduate students. Each participant completed 3 questionnaires in following sequence-Event summary questionnaire, Subjective Well Being Inventory and Adjustment Inventory for College Student. Researchers ensured that the confidentiality of information was maintained.

RESULT

Table 1, Showing Mean, Standard Deviation and F ratio of adjustment of High punished and Low punished group.

	Low punished Group		High Punished Group		F ratio	p
	M	SD	M	SD		
Overall adjustment	31.51	11.8	44.64	11.5	51.27	0.01
Home adjustment	3.6	2.5	6.7	2.9	51.37	0.01
Health adjustment	3.4	2.4	5.68	2.3	20.25	0.01
Educational adjustment	5.5	3.3	7.8	3.9	16.75	0.01
Social Adjustment	7.4	3.8	9.2	2.8	13.78	0.01
Emotional adjustment	11.5	4.7	16.3	4.5	42.56	0.01

Table 1 shows that high punished group's adjustment in various domains – home, health, educational, social, emotional as well as overall adjustment are unsatisfactory compare to the low punished group. These differences between two groups are significant.

Table 2, Showing Mean, Standard Deviation and F ratio of SWB of High punished and Low punished group

	High punished group		Low punished group		F ratio	p
	M	SD	M	SD		
SWB	88.41	9.2	79.66	10.9	32.126	0.01
Positive affect	41.88	5.6	38.46	6.04	14.05	0.01
Negative affect	46.47	6.2	41.03	6.7	28.75	0.01

Table 2 shows that overall SWB, reported by low punished and high punished group, differ significantly. It is more in case of low punished group.

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Table 3, Showing Mean, Standard Deviation and 't' of adjustment of both perceived effect group

	Positive effect		Negative effect		t	p
	M	SD	M	SD		
Overall adjustment	37.61	11.21	49.3	9.7	3.9	0.01
Home adjustment	4.89	2.9	7.24	2.8	2.83	0.01
Health adjustment	4.06	2.2	5.7	2.2	2.53	0.02
Educational adjustment	6.17	3.65	9.42	3.7	3.01	0.01
Social Adjustment	8.56	2.5	9.73	2.7	1.49	0.1
Emotional adjustment	4.5	1.34	17.29	3.64	2.2	0.03

Table 3 shows that there is significant difference in home, health, educational, emotional as well as on overall adjustment of both perceived effect groups. Those who perceived the effect as positive have better adjustment in above mention domains compare to the individuals who perceived the effect as negative.

Table 4, Showing Mean, Standard Deviation and 't' of SWB of both perceived effect group

	Positive affect		Negative affect		t	p
	M	SD	M	SD		
SWB	85.44	9.4	76.01	10.91	2.8	0.01
Positive affect	40.67	5.04	37.64	6.8	1.7	0.1
Negative affect	44.22	6.08	39.27	6.48	2.67	0.01

Table 4 show that group who perceived the effect of punishment as positive report more overall SWB and less negative affect compare to the group who perceived the effect as negative. The differences between these two groups on SWB and negative affect are significant.

Table 5, Showing interactive effect of gender and punishment in case of adjustment

	M	SD	t	p
Female	29.27	10.51	-2.71	0.01
Male	35.49	14.32		

Table 5 shows a significant interactive effect of punishment and gender on adjustment. It is also observed that high punished male has more unsatisfactory adjustment compare to their female counterpart.

Table 6, Showing interactive effect of gender and punishment in case of SWB

	Mean	SD	t	p-value
Female	86.92	8.3	3.34	0.01
Male	91.86	9.4		

Table 6 shows a significant interactive effect of punishment and gender on SWB. It is also observed that SWB is low in high punished male compare to their female counterpart.

DISCUSSION

In the countries of south-east Asia like India, Afghanistan, Bangladesh, Bhutan, Nepal, Pakistan and Sri Lanka corporal punishment is the most popular disciplinary technique (Jabeen, Karkara, & Karlsson, 2004). Corporal punishment has several negative effects. Researches show that it can increase aggression, reduce moral internalization and also affect mental health (Gershoff, 2002). Present study also found several long term effect of corporal punishment on SWB as well as adjustment of young adult. Total 186 students (Female=100 and Male= 86) participated in the study, among them 124 participant falls in the high punished group and 62 falls in the low punished group. 58% reported that earliest occurrence of punishment was between 6 to 12 years age, 12% reported it occurred between 13 to 17 years, 26% reported it occurred at age 5 years or less and 3% reported it occurred at age 18 and above. The punishment occurs most recently between 2 and 5 years ago for 52% of the participants, 5 to 10 years ago for 29% of the participants, within last 2 year for 16% and more than 10 years ago for 3%.

Present study tries to find out the effect of punishment on adjustments of young adult. It is found that young adults, who received high level of punishment in their childhood, have unsatisfactory adjustment compare to the low punished group. Further, among the high punished group those who perceived the effect of punishment as negative have more unsatisfactory adjustment than who perceived it as positive.

Now if domains of adjustment are considered, it will be found that in each domain- home, health, educational, emotional and social, high punished group has more unsatisfactory adjustment than low punished group. High level of punishment affect individual's relationship with parents, siblings; which in turn may hamper their home adjustment. Arzin et al. (1965) found that corporal punishment effect parent-child relationship. Straus (1991) also observed high level of sibling assaults among children who received corporal punishment. Further punishment in school also affects teacher-student relationship. This may contribute to unsatisfactory educational adjustment. Those who perceive the effect of punishment as negative report more unsatisfactory home and educational adjustment compare to those who perceived the effect of it as positive.

In comparison to low punished group, high punished group has unsatisfactory health adjustment and among them who perceived the effect as negative have more unsatisfactory adjustment.

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It is also observed that individuals who received high level of punishment have more unsatisfactory social adjustment compare to the low punished group. Studies found that high level of physical punishment is associated with aggression in adulthood. Bryan and Freed (1982) found that problems with aggression were significantly more in case of college students who reported receiving high level of punishment at young age. This may be the cause of poor social adjustment among high punished group. According to Bandura (1973) parents who used corporal punishment encourage aggression in children through social learning. Children find aggression as an acceptable and useful strategy. Further, the social adjustment of the group who perceive the effect of punishment on them as negative does not differ from the group who perceive the effect as negative. It indicates that whatever the perceived effect, individuals who exposed to aggression in their childhood learn aggression through modeling.

Young adult who received high level of punishment in their childhood are more emotionally unstable compare to the low punished group. Rohner et al. (1991) observed greater emotional instability in individuals who received high level of physical punishment. Present study also finds that the emotional instability is more in case of participants who received high level of punishment.

Present study shows that corporal punishment has significant effect on SWB. SWB means one's evaluation of his/ her own life. It is closely related to adjustment. Well-adjusted individuals have high SWB in comparison to individuals with unsatisfactory adjustment. In this study, it is observed that high punished group report less positive affect and more negative affect in comparison to their low punished counterpart. It means high punished group experience low frequency and intensity of pleasant affect and more negative emotions- like sadness, anxiety, worry, anger.

It is also observed there are interactive effect of gender and punishment in case of both adjustment and SWB. Male participants who received high level of punishment have poorer adjustment and reported low level of SWB compare to their female counterpart.

CONCLUSION

To conclude, it can be said that corporal punishment as well as perceived effect of punishment have negative effect on the SWB and adjustment of young adult. It can be also conclude that there is interactive effect of gender and punishment on both variables.

IMPLICATION

Among the various disciplinary methods punishment (both corporal and psychological punishment) is most frequently used by authority figure. Present study shows that punishment has negative effect on SWB and adjustment and these effects also continue into adulthood.

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Therefore, it is necessary to psycho educate authority figure about the negative effect of punishment.

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Conflict of Interests

The author declared no conflict of interests.

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An Effect of Educational Experience of Teachers on Mental Health

Mrs. Shwetambari Gohil^{1*}

ABSTRACT

The Emotional Atmosphere in a classroom setting is important to the experiences of all students. That atmosphere is affected by the emotional stability of the teacher. A teacher with personal mental health problems can have a detrimental effect upon all of those students who are associated with him or her. Mental Health is very important factor for effectiveness of any teacher's teaching, which may result in good Academic achievement of students. What is the status of mental health of teachers? Is there any effect of Educational Experience on mental health of teachers? To find out the answer of these of questions present study was conducted. Present study was survey type study, for which list of school was stratified in primary, secondary and higher secondary schools, from that list of school proportionally selected in sample. To find out the significant difference between two groups, 't' value was found.

Keywords: *Primary, Secondary, Higher Secondary, Mental Health, Teachers, Experience*

Mental Health is very much important factor affecting teaching Learning Process. Mentally health teacher can teach students very easily and effectively, too. Mental health may enhance the scholastic achievement of students because it's affecting the teaching learning process in the classroom. In classroom interaction, teacher must be prepared for every question that may be asked by the students. Teacher must be able to solve any issues related to students in the classroom and out of classroom. Mental health can be proved the parameter for evaluating teacher. Mental health of teachers is very much important factor, so further researches in this area are recommendable. In India Mental health is not that much of popular for research.

Statement of the Problem

- An Effect of Educational Experience of teachers on Mental Health

Objectives

The researcher decided the following objectives for the present study.

- 1) To determine the level of Mental Health of teachers.
- 2) To study the mental health of teachers in context of educational experience.

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Hypothesis

The following hypothesis was prepared for the present study.

H₀₁- There will be no significant difference in the mean score obtained on mental health scale by teachers having high experience and teachers having low experience.

Definition of Key-words

Mental Health

Mental Health is defined as a state of well-being in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community.

Operational Definition:

The score obtain on Mental Health Scale by teachers was considered as a mental health of teachers.

Variable

The following are the variables included in the present study.

- **Independent Variable:**

Educational Experience	High
	Low

- **Dependent Variable:** Mental Health

- **Control Variable:**

- Medium: - Gujarati
- Board: - GSEB
- Area: - Ahmedabad

Population and Sample

All the teachers in Gujarati medium GSEB Schools of Ahmedabad are included in the population of the present research. Randomly 6 Schools were selected, in which 2-2 schools were of Primary, Secondary and Higher Secondary. All teachers were selected in sample by cluster method. Thus, school selection was done by Stratified Random Technique and teachers were selected by Cluster technique.

Educational Experience >	High	Low	Total
Primary	66	44	110
Secondary	23	8	31
Higher Secondary	29	29	58
Total	118	81	199

RESEARCH METHOD

Survey Method of Research was used for the present study because investigator wants to know the present scenario.

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Tools for Data Collection

For Data Collection researcher Constructed Self Constructed Mental Health Scale, for which following steps were followed.

Step: 1 in depth study of Mental Health

Step: 2 Frame Statements for Mental Health

Step: 3 Review of first form of Mental Health Scale (MHS) by Expert

Step: 4 Second form of MHS after necessary changes

Step: 5 Piloting

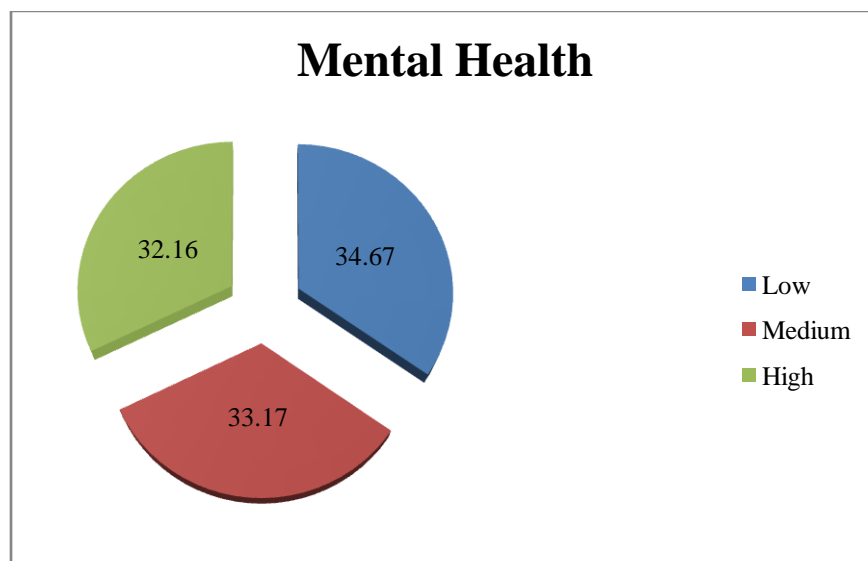
Step: 6 Final form of Mental Health Scale (MHS)

Data Analysis

- To determine three level of mental health Min, P_{33} , P_{67} and Max was found.
- To determine two level of educational experience Median (16) was found. Teachers having experience of 16 years or more than 16 were considered as teachers having high experience, all others were considered as teachers having low experience
- For rejection or acceptance of hypothesis t-value was found Hypothesis wise.

Objective: 1 To determine the level of Mental Health of teachers.

Level of Mental Health	Norms		No. of Teachers	Perchantage
Low Mental Health	Min to P_{33}	13 to 38	69	34.67 %
Medium Mental Health	P_{33} to P_{67}	39 to 41	66	33.17 %
High Mental Health	P_{67} to Max	42 to 47	64	32.16 %
Total			199	100 %



An Effect of Educational Experience of Teachers on Mental Health

Objective: 2 To study the mental health of teachers in context of educational experience.

Hypothesis	Group	N	M	SD	SED	t-value	Remarks
Ho ₁	High	118	39.19	4.73	0.63	0.09	No significant Difference
	Low	81	39.14	4.00			

FINDINGS

- There were 34.67% teachers having Low Mental Health, 33.17 % teachers having Medium Mental Health and 32.16 % teachers having High Mental Health.
- There is no significant differences in score obtain on Mental Health Scale by male teachers and female teachers that mean in matter of mental health male and female teachers are equal.

CONCLUSION

There are maximum teachers having low mental health. Some programmes and activities must be organized to enhance mental health of teachers. From the Conclusion and finding obtain from study we can say that Mental Health is very much important for teacher's evaluation. To support the result, one should do some more replication of study. Hence this type of innovative Studies should be going on in future.

LIMITATION AND DELIMITATION

- The present study was delimited to Gujarati medium Schools of Ahmedabad district.
- The present study is limited to GSEB Schools.
- Mental Health Scale was constructed by investigator, so all the limitation of tool will remain as a limitation of the study.
- The findings in the present study were found on the basis of the responses of the teachers so this also remains as a limitation of the study.

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The author appreciates all those who participated in the study and helped to facilitate the research process.

Conflict of Interests

The author declared no conflict of interests.

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A Relationship among Adjustment, Life Style and Life Satisfaction of Educated Unemployed Youth

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ABSTRACT

The main aim of the present study is to find out difference in level of adjustment, life style and life satisfaction of educated unemployed people. Second purpose is to find out difference in level of adjustment, life style and life satisfaction of with male and female people. Third aim is to find out difference in level of adjustment, life style and life satisfaction among rural and urban people. Forth intended is to find out difference in level of adjustment, life style and life satisfaction among different ages of people. Fifth purpose is to find out difference in level of adjustment, life style and life satisfaction of with its interaction effect on male and female, rural and urban and different ages of people.

The sample for the study comprised of 480 randomly selected out of 500 samples. The Adjustment Neurotism Dimensional Inventory, The questionnaire developed by R N Singh and Mahesh Bhargava. This inventory consists 105 items in three response alternatives and measures seven dimensions—Self-Esteem-Self Inferiority, Happiness-Depression, calmness-anxiety, neutrality obsessiveness, independence-dependence, feeling of being healthy-hypochondria sis, innocence-guilt feeling. It can be used on both the sexes from age group 17 to 60 years. Norms are available in form of Mean & S.D. and Stenine Norms and life satisfaction questionnaire developed by Q G Alam & R Shrivastva. It contains 69 Yes/No type items which yield a total score covering six areas — health, personal, economic, marital, social and job, Standardized on 875 adults aging between 18 to 40 years. Life Style Scale developed by S. K. Bawa and S. Kaur, the scale consists 60 items into 6 Dimension like Health Conscious Life Style, Academic Oriented Life Style, Career Oriented Life Style, Socially Oriented Life Style, Trend Seeking Life Style, and Family Oriented Life Style. Data analysis of questionnaire and demographic details were subjected through SPSS for t test, Interaction Effect and Correlation.

Keywords: *Educated Unemployed Youth, Adjustment, Life Style and Life Satisfaction*

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Mani is Unique and Excellence Creation of Nature. Nature has Gifted Intelligent, Thinking and Feeling to Mankind. If the Intimation between Nature and Mankind, Most of Today's Problems Become Light but Unfortunately Today's Man is Constantly Going Away From the Nature. The Reason being the Constantly Increasing Needs and Confecting attempt to fulfill these Needs; Every Men in the Presents Competitive age is involved in the Ambition to get more and more than others.

Consequently the incomplete expectation cause to mental problems, beside the most important matter is the striking desire to make adjustment with environment, the perfect adjustment with environment indicators the height of happiness. To make life meaningful, the individual has to make constant attempt to make in every field of life and in every stage of life. In making continuous attempt to adjust in the constantly changing environment, the individual has changed him or herself, after change in his or her environment. Adjusted persona possessed balanced personality and good mental health and then they feel satisfied with life.

There have been several studies in past that have paid attention on unemployment in various concepts and in various perspectives in abroad and in India but researchers laid vary little focus on psychological perspectives of unemployment. The fundamental assumption is that, there are unemployed people facing psychological problems like adjustment, life style, and decrease life satisfaction level of unemployed people. Now, capacity to tolerate these psychological problems from person to person is vary but till they have to face them because they are unemployed. Here, in this research main focus given to age and gender and location of Gujarat state's some cities.

Unemployment

Almost every day we read in newspapers about Youth/farmers committing suicide due to a high level of indebtedness, lack of job/farm and unemployment. There was a very touching story about a young man who lost his job due to the global meltdown. He did not have the heart to tell his family, friends or neighbours about the sad development. He would therefore, leave his home every day at the normal time in the morning with his brief case, spend the day in a garden and return in the evening.

There are an increasing number of young patients visiting psychiatrists for clinical depression caused by unemployment. In recent times, many college graduates have volunteered to work absolutely free in private companies. Their objective, in an absence of a paying job, it is to get some experience and add to their resumes so that when opportunities of paying jobs arise, they have a better chance than others.

There is basic Psychological Impact on Unemployment

Youth unemployment is an area of very serious concern in India. There is some Psychological Impact on Unemployment, Adjustment, Anger, Anxiety, Avoid Social Participation, Blaming

Themselves, and Cardiovascular Disease Increase, Crime Rate Increasing, Depression, Effect on Health, Emotional Problem, Decrease Family Support, Guilt Feeling, Helplessness and Isolation from the Society, Lack of Self Esteem and Confidence, Less Interesting, Life Satisfaction Level Decrease, Loss of Enthusiasm and Willpower Issues, Loss of Identity, Loss of Skill, Mental Health Problem, Positive Attitude decrease, Relationship Problem with others, Sleep Disorder, Smoking Behaviour Increase, Social Support decrease, Stress, Suicides, Tension and etc.

Adjustment

Adjustment is a continuous process of action in the life of a human being or an organism with a definite purpose of meeting the needs of the self the needs of the environment and the needs of the culture or society the ultimate and of the process of action of the adjustment is successful survival. The end result may be survival or extermination a continuous close watch on the life of an organism or a human being may bring out many happy and unhappy events which are based upon the struggle for successful survival. Man is an interdependent creature, always expecting the help and the cooperation from other human beings and the culture or society in which he lives, for the fulfilment of his basic needs and also maker's inevitable demands from them.

Laurence Shaffer "Adjustment is the process by which a living organism maintains balance between his needs and the circumstances that influence the satisfaction of his needs"

Adjustment as a major importance for psychologists, teachers and parents; to analyses the process we should study the development of an individual longitudinally from his birth onwards. The child, at the time of his birth, is absolutely dependent on other for the satisfaction of this need, but gradually with the age he learns to control his needs. His adjustment largely depends on his interaction with the external environment in which he lives. When the child is here, the world, for him, is a big buzzing, blooming confusion. He cannot differentiate among the various objects of his environment but as he matures he comes to learn to articulate the details of his environment through the process of sensation, perception and conception. The child in his infancy can respond and think about only concrete objects of his environment. The process of abstraction comes afterwards. The young children lack the capacity of self-control of the instinctive impulses. Anything which appears to their senses bright they try to take hold of it. Their development is purely on instinctive level. The nature of adjective process is decided by a number of factors, particularly, internal needs and external demands of the child.

Life satisfaction

Life satisfaction is a multi-dimensional concept. As noted above, the notion of quality of life and the consideration of several areas of life broaden the narrower focus on income and material conditions which prevails in other approaches. Multi-dimensionality not only requires the description of several life domains, but emphasizes the interplay between domains as this contributes to quality of life.

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Quality of life satisfaction is measured by objective as well as subjective indicators. Subjective and attitudinal perceptions are of particular relevance in identifying individual goals and orientations. Individual perceptions and evaluations are most valuable when these subjective evaluations are linked to objective living conditions. Applying both ways of measuring quality of life gives a more complete picture.

Conceptualizing Lifestyle Psychology

There are people who strictly deprive themselves of each and every eatable, drinkable, and smokable which has in any way acquired a shady reputation. They pay this price for health. And health is all they get for it. **-Mark Twain**

At the end of this chapter you will: have a working definition of lifestyle diseases and lifestyle behaviours:-

- Understand the development of a lifestyle model of disease
- Be aware of the problems with measuring lifestyle behaviours
- Recognize the multiple influences on lifestyle choice.

The decision to write a text on lifestyle psychology reflects an appreciation of the importance of the government and policy makers' use of the term lifestyle to refer to diseases where behaviour plays a part in the aetiology of the condition. In a speech in 2006, the then prime minister of Great Britain, Tony Blair, called for 'lifestyle change' to relieve the pressure on the National Health Service. The prime minister suggested that 'failure to address bad lifestyles was putting an "increasing strain" on the health service'. The centrality of the message, the role of lifestyle in health, and the role of psychology in promoting and improving lifestyle will form the focus of this text.

RESEARCH METHODOLOGY

Problem statement:

"A study of Adjustment, Life Style, and Life Satisfaction among Educated Unemployed Youth"

The Importance for the present study

Through this study researcher want to know about how many people facing problem of unemployment and what they are in front of them during unemployment condition. What kind of struggle they have to do get employment, what kind of psychological problems they faced, like for example adjustment, anger, anxiety, depressions, emotional problems, crime rate increasing, mental health problems, stress, suicides, blaming themselves, cardiovascular disease increasing, family support decreasing, isolation from the society, life satisfaction, loss of identity, loss of skills, relationship maintain problems, decrease social support, smoking behaviour increasing etc., all kind of problem faced by unemployment people.

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This study helps to systematize employment in rural and rural area. The problem of unemployment among the educated is not a new one. Present study help to know how and what kind of changes an unemployed person has made so that they can get easily employment. There is a considerable proof that suicidal tendencies are seen more in unemployed people so that what psychologist, sociologist and economist helps to reduce the suicidal tendency. There are an increasing number of young patients visiting psychiatrists for clinical depression caused by unemployment so how psychologist, sociologist, and economist facilitate unemployed people so that we can decrease psychological problem in unemployed youth.

There have been several studies in past that have paid attention on unemployment in various concepts and in various perspectives in abroad but researchers laid vary little focus on psychological perspectives of unemployment.

Objectives of Research

1. To study of Adjustment, Life satisfaction and Life Style of male and female people.
2. To study of Adjustment, Life satisfaction and Life Style of among rural and urban people.
3. To study of Adjustment, Life satisfaction and Life Style of among different ages of people.
4. To study interaction effect of Adjustment, Life satisfaction and Life Style among Gender, Live in Area and among different age's people.

Variable

Sr. No	Name of Variable	Nature of Variable	Levels of Variable	Level of Name of Variable
1	Types of Gender	Independent Variables	2	Male Female
2	Age	Independent Variables	3	18 to 25 Year 26 to 33 Year 34 and Above
3	Live in Area	Independent Variables	2	Urban Rural
4	Adjustment	Dependent Variables	7	Scores of Various Levels of Adjustment
5	Life Style	Dependent Variables	6	Scores of Various Levels of Life Style
6	Life Satisfaction	Dependent Variables	6	Scores of Various Levels of Life Satisfaction

Control Variable:

Note that in an experiment there may be many additional variables beyond the manipulated independent variable and the measured dependent variables. It is critical in experiments that these variables do not vary and hence bias or otherwise distort the results. There is a struggle between controls vs. authenticity in managing this.

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1. Normal people are taken in research.
2. All age was taken as sample between 18 to 40 years.
3. Only three cities included for this research.
4. Part time job working people was not included

Hypothesis

1. There is no significant difference between level of adjustment in male and female.
2. There is no significant difference between level of adjustment in Urban and Rural People.
3. There is no significant difference between levels of adjustment among different ages of people.
4. There is no significant difference between level of Life Satisfaction in male and female.
5. There is no significant difference between level of Satisfaction in Urban and Rural People.
6. There is no significant difference between levels of Life Satisfaction among different ages of people.
7. There is no significant difference between level of Life Style in male and female.
8. There is no significant difference between level of Life Style in Urban and Rural People.
9. There is no significant difference between levels of Life Style among different ages of people.
10. There is no significant difference between level of adjustment in male and female & among different ages of people.
11. There is no significant difference between level of adjustment in male and female & Urban and Rural People.
12. There is no significant difference between levels of adjustment among different ages of people & Urban and Rural People.
13. There is no significant difference between level of adjustment in male and female with & different ages of people in Urban and Rural area.
14. There is no significant difference between level of Life Satisfaction in male and female & among different ages of people.
15. There is no significant difference between level of Life Satisfaction in male and female & Urban and Rural People.
16. There is no significant difference between levels of Life Satisfaction among different ages of people & Urban and Rural People.
17. There is no significant difference between level of Life Satisfaction in male and female with & different ages of people in Urban and Rural area.
18. There is no significant difference between level of Life Style in male and female & among different ages of people.
19. There is no significant difference between level of Life Style in male and female & Urban and Rural People.
20. There is no significant difference between levels of Life Style among different ages of people & Urban and Rural People.
21. There is no significant difference between level of Life Style in male and female with & different ages of people in Urban and Rural area.

Population & Sample of the study

The researcher was collected data from the Vadodara, Ahmadabad, Anand cities of Gujarat state. Data was collected from the Employment Exchange, face to face meet to the subject, NGO, recruitment fair, ITI Job Fair, etc. Places. For these researches 480 youths of above mention cities were chosen, whose age between 18 years to 40 years was taken and the sample was randomly selected, which are educated unemployed. The data was collected personally. The sample was drawn from three categories. 1:- Male & Female, 2:- Urban and Rural Area and, 3:- Age differences Among Unemployed.

Research Tools

Personal Data Sheet

To obtain the personal details of the subjects, researcher had prepared personal data sheet. The data sheet includes the information about name of the subject, age, sex, types of family, marital status, total income, time of unemployment, religious, total family members, job, caste, educational qualification, contact number and many information was ask.

Adjustment Neurotism Dimensional Inventory

The questionnaire developed by R N Singh and Mahesh Bhargava. This inventory consists 105 items in three response alternatives and measures seven dimensions—self-esteem-self inferiority, happiness-depression, calmness-anxiety, neutrality obsessiveness, independence-dependence, feeling of being healthy-hypochondriasis, innocence-guilt feeling. It can be used on both the sexes from age group 17 to 60 years. Norms are available in form of Mean & S.D. and Stenine Norms.

1. Self-esteem-self inferiority,
2. Happiness -depression,
3. Calmness - anxiety,
4. Naturality obsessiveness,
5. Independence -dependence,
6. Feeling of being healthy- Hypochondria
7. Innocence-guilt feeling.

Life Satisfaction Scale,

The questionnaire developed by Q G Alam& R Shrivastva. It contains 69 Yes/No type items which yield a total score covering six areas — health, personal, economic, marital, social and job. Standardized on 875 adults aging between 18 to 40 years

1. Health Satisfaction
2. Personal Satisfaction
3. Economic Satisfaction
4. Marital Satisfaction
5. Social Satisfaction
6. Job Satisfaction

Life style Scale

Life Style Scale developed by S. K. Bawa and S. Kaur, the scale consists 60 items into 6 Dimension like

1. Health Conscious Life Style,
2. Academic Oriented Life Style,
3. Career Oriented Life Style,
4. Socially Oriented Life Style,
5. Trend Seeking Life Style,
6. Family Oriented Life Style.

Procedure of Data Collection

Data collection is a term used to describe a process of preparing and collecting data - for example as part of a process improvement or similar project. The purpose of data collection is to obtain information to keep on record, to make decisions about important issues, to pass information on to others. Primarily, data is collected to provide information regarding a specific topic.

The researcher was collected data from the Vadodara, Ahmadabad, Anand cities of Gujarat state. Data was collected from the Employment Exchange, face to face meet to the subject, NGO, recruitment fair, ITI Job Fair, etc. Places. For these researches 480 youths of above mention cities were chosen, whose age between 18 years to 40 years was taken and the sample was randomly selected, which are educated unemployed. The data was collected personally. The sample was drawn from three categories. 1:- Male & Female, 2:- Urban and Rural Area and, 3:- Age differences Among Unemployed.

Research Design

2X2X3 Factorial Designs

Gender		Male		Female		Total
Live In Area		Urban	Rural	Urban	Rural	
Age	18 to 25 Year	40	40	40	40	160
	26 to 33 Year	40	40	40	40	160
	34 And Above Year	40	40	40	40	160
Total		120	120	120	120	480

Statistical analysis

The Obtained data of 480 subjects were analysed with adequate statistical methods of ANOVA, And in order to examine significant differences between two specific mean of sub groups of variable the result obtained through such statistical analysis have been presented in details in the main body of the thesis. Qualitative Analysis: - which included descriptive statistics, frequency distribution, and ratio analysis of the response given by the sample.

RESULT AND DISCUSSION OF CORRELATION ADJUSTMENT, LIFE STYLE AND LIFE SATISFACTION

Correlations of Adjustment, Life Satisfaction and Life Style				
Factors	Adjustment	Life Satisfaction	Lifestyle	Factors
Adjustment	Pearson Correlation	1		
	Sig. (2-tailed)			
	N	480		
Life Satisfaction	Pearson Correlation	-.015	1	
	Sig. (2-tailed)	.747		
	N	475	475	
Lifestyle	Pearson Correlation	-.147**	.419**	1
	Sig. (2-tailed)	.001	.000	
	N	480	475	480
**. Correlation is Significant at the 0.01 level (2-tailed).				

There is Negative Significant Correlation between Adjustment and Life Satisfaction, ($r=-0.015$, $P>0.01$) which indicate that adjustment level of unemployed people is not affected life satisfaction. This is Negative Significant at 0.747 it is Indicate that there is no relationship between Adjustment and life satisfaction of educated unemployed youth. Educated unemployed people can adjustment and satisfied with their life.

There is Negative Significant Correlation between Adjustment and Life Style, ($r=-0.147$, $P>0.01$) which indicate that adjustment level of unemployed people is affected their life style. This is Negative Significant at 0.01 it is Indicate that there is no relationship between Adjustment and life style of educated unemployed youth. Educated unemployed people can adjustment with their life. Life Style is Negatively Change and Adjustment with the people is also doesn't change due to unemployment.

There is Positive Correlation between Life Satisfaction and Life Style, ($r=-0.419$, $P>0.00$) which indicate that Life Satisfaction level of unemployed people is affected their life style of Unemployed people. This is Positive Significant at 0.00 it is Indicate that there is relationship between Life Satisfaction and life style of educated unemployed youth. Educated unemployed people can't satisfy with their life. Life Style is Change and Life Satisfaction with the people is also change due to unemployment.

RESULT AND DISCUSSION OF CORRELATION COMPONENTS OF ADJUSTMENT

Correlations of Adjustment Components							
Factor	Self Esteem – Self Inferiority	Happiness – Depression	Calmness – Anxiety	Neutrality – Abusiveness	Independence – Dependence	Feeling of Being Healthy – Hypochondriacs	Innocence – Guilt Feeling
Self Esteem- Self Inferiority	1						
Happiness – Depression	.487**	1					
Calmness – Anxiety	.436**	.506**	1				
Naturality – Obsessiveness	.167**	.197**	.225**	1			
Independence – Dependence	.354**	.345**	.329**	.263**	1		
Feeling of Being Healthy – Hypochondriasis	.449**	.494**	.580**	.181**	.393**	1	
Innocence – Guilt Feeling	.515**	.440**	.547**	.125**	.370**	.539**	1
**. Correlation is significant at the 0.01 level (2-tailed).							
*. Correlation is significant at the 0.05 level (2-tailed).							

There is Positive Significant Correlation between Self Esteem – Self Inferiority and Happiness – Depression, ($r=0.487$, $P>0.01$) which indicate that Self Esteem – Self Inferiority of unemployed people is affected their Happiness – Depression. It means when the person is unemployed than his/her self –Inferiority and depression is increase but at the same time if he/she is employed than his/her Self Esteem and happiness is increase. It is clearly shown that status of employment is affect Self Esteem – Self Inferiority and Happiness – Depression.

There is Positive Significant Correlation between Self Esteem – Self Inferiority and Calmness – Anxiety, ($r=0.436$, $P>0.01$) which indicate that Self Esteem – Self Inferiority of unemployed people is affected their Calmness – Anxiety. It means when the person is unemployed than his/her self –Inferiority and Anxiety is increase but at the same time if he/she is employed than his/her Self Esteem and calmness is increase. It is clearly indicated that status of employment is affect Self Esteem – Self Inferiority and Calmness – Anxiety.

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There is Positive Significant Correlation between Happiness – Depression and Calmness – Anxiety, ($r=0.506$, $P>0.01$) which indicate that Happiness – Depression of unemployed people is affected their Calmness – Anxiety. It means when the person is unemployed than his/her Depression and Anxiety is increase but at the same time if he/she is employed than his/her Happiness and calmness is increase. It is clearly indicated that status of employment is affect Happiness – Depression and Calmness – Anxiety.

There is Positive Significant Correlation between Self Esteem – Self Inferiority and Naturality – Obsessiveness, ($r=0.167$, $P>0.01$) which indicate that Self Esteem – Self Inferiority of unemployed people is affected their Naturality – Obsessiveness. It means when the person is unemployed than his/her self-Inferiority and Obsessiveness is increase but at the same time if he/she is employed than his/her Self Esteem and Naturality is increase. It is clearly indicated that status of employment is affect Self Esteem – Self Inferiority and Naturality – Obsessiveness.

There is Positive Significant Correlation between Happiness – Depression and Naturality – Obsessiveness, ($r=0.197$, $P>0.01$) which indicate that Self Esteem – Self Inferiority of unemployed people is affected their Happiness – Depression. It means when the person is unemployed than his/her Depression and Obsessiveness is increase but at the same time if he/she is employed than his/her Happiness and Naturality is increase. It is clearly indicated that status of employment is affect Happiness – Depression and Naturality – Obsessiveness.

There is Positive Significant Correlation between Calmness – Anxiety and Naturality – Obsessiveness, ($r=0.225$, $P>0.01$) which indicate that Calmness – Anxiety of unemployed people is affected their Naturality – Obsessiveness. It means when the person is unemployed than his/her Anxiety and Obsessiveness is increase but at the same time if he/she is employed than his/her Calmness and Obsessiveness is increase. It is clearly indicated that status of employment is affect Calmness – Anxiety and Naturality – Obsessiveness.

There is Positive Significant Correlation between Self Esteem – Self Inferiority and Independence – Dependence, ($r=0.354$, $P>0.01$) which indicate that Self Esteem – Self Inferiority of unemployed people is affected their Independence – Dependence. It means when the person is unemployed than his/her Self Inferiority and Dependence is increase but at the same time if he/she is employed than his/her Self Esteem – Independence is increase. It is clearly indicated that status of employment is affect Self Esteem – Self Inferiority and Independence – Dependence.

There is Positive Significant Correlation between Happiness – Depression and Independence – Dependence, ($r=0.345$, $P>0.01$) which indicate that Happiness – Depression of unemployed people is affected their Independence – Dependence. It means when the person is unemployed than his/her Depression and Dependence is increase but at the same time if he/she is employed

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than his/her Happiness – Independence is increase. It is clearly indicated that status of employment is affect Happiness – Depression and Independence – Dependence.

There is Positive Significant Correlation between Calmness – Anxiety and Independence – Dependence, ($r=0.329$, $P>0.01$) which indicate that Calmness – Anxiety of unemployed people is affected their Independence – Dependence. It means when the person is unemployed than his/her Anxiety and Dependence is increase but at the same time if he/she is employed than his/her Calmness – Independence is increase. It is clearly indicated that status of employment is affect Calmness – Anxiety and Independence – Dependence.

There is Positive Significant Correlation between Naturality – Obsessiveness and Independence – Dependence, ($r=0.263$, $P>0.01$) which indicate that Naturality – Obsessiveness of unemployed people is affected their Independence – Dependence. It means when the person is unemployed than his/her Obsessiveness and Dependence is increase but at the same time if he/she is employed than his/her Naturality– Independence is increase. It is clearly indicated that status of employment is affect Naturality – Obsessiveness and Independence – Dependence.

There is Positive Significant Correlation between Self Esteem – Self Inferiority and Feeling of Being Healthy – Hypochondriasis, ($r=0.449$, $P>0.01$) which indicate that Self Esteem – Self Inferiority of unemployed people is affected their Feeling of Being Healthy – Hypochondriasis. It means when the person is unemployed than his/her Self Inferiority and Hypochondriasis is increase but at the same time if he/she is employed than his/her Self Esteem– Feeling of Being Healthy is increase. It is clearly indicated that employment status is affect Self Esteem – Self Inferiority and Feeling of Being Healthy – Hypochondriasis.

There is Positive Significant Correlation between Happiness – Depression and Feeling of Being Healthy – Hypochondriasis, ($r=0.494$, $P>0.01$) which indicate that Happiness – Depression of unemployed people is affected their Feeling of Being Healthy – Hypochondriasis. It means when the person is unemployed than his/her Depression and Hypochondriasis is increase but at the same time if he/she is employed than his/her Happiness– Feeling of Being Healthy is increase. It is clearly indicated that status of employment is affect Happiness – Depression and Feeling of Being Healthy – Hypochondriasis.

There is Positive Significant Correlation between Calmness – Anxiety and Feeling of Being Healthy – Hypochondriasis, ($r=0.580$, $P>0.01$) which indicate that Calmness – Anxiety of unemployed people is affected their Feeling of Being Healthy – Hypochondriasis. It means when the person is unemployed than his/her Anxiety and Hypochondriasis is increase but at the same time if he/she is employed than his/her Calmness – Feeling of Being Healthy is increase. It is clearly indicated that status of employment is affect Calmness – Anxiety and Feeling of Being Healthy – Hypochondriasis.

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There is Positive Significant Correlation between Naturality – Obsessiveness and Feeling of Being Healthy – Hypochondriasis, ($r=0.181$, $P>0.01$) which indicate that Naturality – Obsessiveness of unemployed people is affected their Feeling of Being Healthy – Hypochondriasis. It means when the person is unemployed than his/her Obsessiveness and Hypochondriasis is increase but at the same time if he/she is employed than his/her Naturality– Feeling of Being Healthy is increase. It is clearly indicated that status of employment is affect Naturality – Obsessiveness and Feeling of Being Healthy – Hypochondriasis.

There is Positive Significant Correlation between Independence – Dependence and Feeling of Being Healthy – Hypochondriasis, ($r=0.393$, $P>0.01$) which indicate that Independence – Dependence of unemployed people is affected their Feeling of Being Healthy – Hypochondriasis. It means when the person is unemployed than his/her Dependence Obsessiveness and Hypochondriasis is increase but at the same time if he/she is employed than his/her Independence– Feeling of Being Healthy is increase. It is clearly indicated that status of employment is affect Independence – Dependence and Feeling of Being Healthy – Hypochondriasis.

There is Positive Significant Correlation between Self Esteem – Self Inferiority and Innocence – Guilt Feeling, ($r=0.515$, $P>0.01$) which indicate that Self Esteem – Self Inferiority of unemployed people is affected their Innocence - Guilt Feeling. It means when the person is unemployed than his/her Self Inferiority and Guilt Feeling is increase but at the same time if he/she is employed than his/her Self Esteem – Innocence is increase. It is clearly indicated that status of employment is affect Self Esteem – Self Inferiority and Innocence – Guilt Feeling.

There is Positive Significant Correlation between Happiness – Depression and Innocence – Guilt Feeling, ($r=0.440$, $P>0.01$) which indicate that Happiness – Depression of unemployed people is affected their Innocence – Guilt Feeling. It means when the person is unemployed than his/her Depression and Guilt Feeling is increase but at the same time if he/she is employed than his/her Happiness – Innocence is increase. It is clearly indicated that status of employment is affect Happiness – Depression and Innocence – Guilt Feeling.

There is Positive Significant Correlation between Calmness – Anxiety and Innocence – Guilt Feeling, ($r=0.547$, $P>0.01$) which indicate that Calmness – Anxiety of unemployed people is affected their Innocence – Guilt Feeling. It means when the person is unemployed than his/her Anxiety and Guilt Feeling is increase but at the same time if he/she is employed than his/her Calmness – Innocence is increase. It is clearly indicated that status of employment is affect Calmness – Anxiety and Innocence – Guilt Feeling.

There is Positive Significant Correlation between Naturality – Obsessiveness and Innocence – Guilt Feeling, ($r=0.125$, $P>0.01$) which indicate that Naturality – Obsessiveness of unemployed

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people is affected their Innocence – Guilt Feeling. It means when the person is unemployed than his/her Obsessiveness and Guilt Feeling is increase but at the same time if he/she is employed than his/her Naturality – Innocence is increase. It is clearly indicated that status of employment is affect Naturality – Obsessiveness and Innocence - Guilt Feeling.

There is Positive Significant Correlation between Independence – Dependence and Innocence – Guilt Feeling, ($r=0.370$, $P>0.01$) which indicate that Independence – Dependence of unemployed people is affected their Innocence – Guilt Feeling. It means when the person is unemployed than his/her Dependence and Guilt Feeling is increase but at the same time if he/she is employed than his/her Independence – Innocence is increase. It is clearly indicated that status of employment is affect Independence – Dependence and Innocence – Guilt Feeling.

There is Positive Significant Correlation between Feeling of Being Healthy – Hypochondriasis and Innocence – Guilt Feeling, ($r=0.539$, $P>0.01$) which indicate that Feeling of Being Healthy – Hypochondriasis of unemployed people is affected their Innocence – Guilt Feeling. It means when the person is unemployed than his/her Hypochondriasis and Guilt Feeling is increase but at the same time if he/she is employed than his/her Feeling of Being Healthy – Innocence is increase. It is clearly indicated that status of employment is affect Feeling of Being Healthy – Hypochondriasis and Innocence – Guilt Feeling.

Result and Discussion of Correlation Components of Life Style

Correlations							
Factors	Health Conscious Life Style	Academic Oriented Life Style	Career Oriented Life Style	Socially Oriented Life Style	Family Oriented Life Style	Trend Seeking Life Style	Life Style
Health Conscious Life Style	1						
Academic Oriented Life Style	.699**	1					
Career Oriented Life Style	.533**	.634**	1				
Socially Oriented Life Style	.564**	.577**	.601**	1			
Family Oriented Life Style	.096*	.191**	.172**	.194**	1		
Trend Seeking Life Style	.524**	.460**	.439**	.499**	-.022	1	
**. Correlation is significant at the 0.01 level (2-tailed).							
*. Correlation is significant at the 0.05 level (2-tailed).							

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There is Positive Significant Correlation between Health Conscious Life Style and Academic Oriented Life Style, ($r=0.699$, $P>0.01$) which indicate that Health Conscious Life Style of unemployed people is affected their Academic Oriented Life Style. It means when the person is unemployed than he/she is not care about Health and this impact on his/her Academic Oriented Life Style. It is clearly indicated that employment status disturbs Health and Academic Oriented Life Style.

There is Positive Significant Correlation between Health Conscious Life Style and Career Oriented Life Style, ($r=0.533$, $P>0.01$) which indicate that Health Conscious Life Style of unemployed people is affected their Career Oriented Life Style. It means when the person is unemployed than he/she is not care about Health and this impact on his/her career Oriented Life Style. It is clearly indicated that employment status disturbs Health and Career Oriented Life Style.

There is Positive Significant Correlation between Academic Oriented Life Style and Career Oriented Life Style, ($r=0.634$, $P>0.01$) which indicate that Academic Oriented Life Style of unemployed people is affected their Career Oriented Life Style. It means when the person is unemployed than he/she is not care about Academic and this impact on his/her career Oriented Life Style. It is clearly indicated that employment status disturbs Academic and Career Oriented Life Style.

There is Positive Significant Correlation between Health Conscious Life Style and Socially Oriented Life Style, ($r=0.564$, $P>0.01$) which indicate that Health Conscious Life Style of unemployed people is affected their Social Oriented Life Style. It means when the person is unemployed than he/she is not care about Health and this impact on his/her Social Oriented Life Style. It is clearly indicated that employment status disturbs Health and Social Oriented Life Style.

There is Positive Significant Correlation between Academic Oriented Life Style and Socially Oriented Life Style, ($r=0.577$, $P>0.01$) which indicate that Academic Oriented Life Style of unemployed people is affected their Social Oriented Life Style. It means when the person is unemployed than he/she is not care about Academic and this impact on his/her Social Oriented Life Style. It is clearly indicated that employment status disturbs Academic and Social Oriented Life Style.

There is Positive Significant Correlation between Career Oriented Life Style and Socially Oriented Life Style, ($r=0.601$, $P>0.01$) which indicate that Career Oriented Life Style of unemployed people is affected their Social Oriented Life Style. It means when the person is unemployed than he/she is not care about Career and this impact on his/her Social Oriented Life

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Style. It is clearly indicated that employment status disturbs Career and Social Oriented Life Style.

There is Positive Significant Correlation between Health Conscious Life Style and Family Oriented Life Style, ($r=0.096$, $P>0.01$) which indicate that Health Conscious Life Style of unemployed people is affected their Family Oriented Life Style. It means when the person is unemployed than he/she is not care about Health and this impact on his/her Family Oriented Life Style. It is clearly indicated that employment status disturbs Health Conscious Life Style and Family Oriented Life Style.

There is Positive Significant Correlation between Academic Oriented Life Style and Family Oriented Life Style, ($r=0.191$, $P>0.01$) which indicate that Academic Oriented Life Style of unemployed people is affected their Family Oriented Life Style. It means when the person is unemployed than he/she is not care about Academic and this impact on his/her Family Oriented Life Style. It is clearly indicated that employment status disturbs Academic and Family Oriented Life Style.

There is Positive Significant Correlation between Career Oriented Life Style and Family Oriented Life Style, ($r=0.172$, $P>0.01$) which indicate that Career Oriented Life Style of unemployed people is affected their Family Oriented Life Style. It means when the person is unemployed than he/she is not care about Career and this impact on his/her Family Oriented Life Style. It is clearly indicated that employment status disturbs Career and Family Oriented Life Style.

There is Positive Significant Correlation between Socially Oriented Life Style and Family Oriented Life Style, ($r=0.194$, $P>0.01$) which indicate that Socially Oriented Life Style of unemployed people is affected their Family Oriented Life Style. It means when the person is unemployed than he/she is not care about socially and this impact on his/her Family Oriented Life Style. It is clearly indicated that employment status disturbs Socially Oriented Life Style and Family Oriented Life Style.

There is Positive Significant Correlation between Health Conscious Life Style and Trend Seeking Life Style, ($r=0.524$, $P>0.01$) which indicate that Health Conscious Life Style of unemployed people is affected their Trend Seeking Life Style. It means when the person is unemployed than he/she is not care about Health and this impact on his/her Trend Seeking Life Style. It is clearly indicated that employment status disturbs Health Conscious Life Style and Trend Seeking Life Style.

There is Positive Significant Correlation between Academic Oriented Life Style and Trend Seeking Life Style, ($r=0.460$, $P>0.01$) which indicate that Academic Oriented Life Style of

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unemployed people is affected their Trend Seeking Life Style. It means when the person is unemployed than he/she is not care about Academic and this impact on his/her Trend Seeking Life Style. It is clearly indicated that employment status disturbs Academic Oriented Life Style and Trend Seeking Life Style.

There is Positive Significant Correlation between Career Oriented Life Style and Trend Seeking Life Style, ($r=0.439$, $P>0.01$) which indicate that Career Oriented Life Style of unemployed people is affected their Trend Seeking Life Style. It means when the person is unemployed than he/she is not care about Career and this impact on his/her Trend Seeking Life Style. It is clearly indicated that employment status disturbs Career and Trend Seeking Life Style.

There is Positive Significant Correlation between Socially Oriented Life Style and Trend Seeking Life Style, ($r=0.499$, $P>0.01$) which indicate that Socially Oriented Life Style of unemployed people is affected their Trend Seeking Life Style. It means when the person is unemployed than he/she is not care about socially and this impact on his/her Trend Seeking Life Style. It is clearly indicated that employment status disturbs socially and Trend Seeking Life Style.

There is Negative Significant Correlation between Family Oriented Life Style and Trend Seeking Life Style, ($r= - 0.022$, $P>0.01$) which indicate that Family Oriented Life Style of unemployed people is Not affected their Trend Seeking Life Style. It means when the person is unemployed than he/she is care about Family and this impact on his/her Trend Seeking Life Style. It is clearly indicated that employment status don't disturbs Family Oriented Life Style and Trend Seeking Life Style.

RESULT AND DISCUSSION OF CORRELATION COMPONENTS OF LIFE SATISFACTION

Correlations of Life Satisfaction Components					
Factor	Health Satisfaction	Personal Satisfaction	Economical Satisfaction	Marital Satisfaction	Social Satisfaction
Health Satisfaction:	1				
Personal Satisfaction	.158**	1			
Economical Satisfaction	.173**	-.092*	1		
Marital Satisfaction	.124**	0.085	0.075	1	
Social Satisfaction	.320**	.229**	-0.028	0.025	1
**. Correlation is significant at the 0.01 level (2-tailed).					
*. Correlation is significant at the 0.05 level (2-tailed).					

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There is Positive Significant Correlation between Health Satisfaction and Personal Satisfaction, ($r=0.158$, $P>0.01$) which indicate that Health Satisfaction of unemployed people is affected their Personal Satisfaction. It means when the person is unemployed than he/she is not care about Health and this impact on his/her Personal Satisfaction. It is clearly indicated that employment status disturbs Health and Personal Satisfaction.

There is Positive Significant Correlation between Health Satisfaction and Economical Satisfaction, ($r=0.173$, $P>0.01$) which indicate that Health Satisfaction of unemployed people is affected their Economical Satisfaction. It means when the person is unemployed than he/she is not care about Health and this impact on his/her Economical Satisfaction. It is clearly indicated that employment status disturbs Health and Economical Satisfaction.

There is Negative Significant Correlation between Personal Satisfaction and Economical Satisfaction, ($r= - 0.092$, $P>0.01$) which indicate that Personal Satisfaction of unemployed people is don't affected their Economical Satisfaction. It means when the person is unemployed than he/she is care about Personal and this doesn't impact on his/her Economical Satisfaction. It is clearly indicated that employment status doesn't disturbs Personal and Economical Satisfaction.

There is Positive Significant Correlation between Health Satisfaction and Marital Satisfaction, ($r=0.124$, $P>0.01$) which indicate that Health Satisfaction of unemployed people is affected their Marital Satisfaction. It means when the person is unemployed than he/she is not care about Health and this impact on his/her Marital Satisfaction. It is clearly indicated that employment status disturbs Health and Marital Satisfaction.

There is Positive Significant Correlation between Personal Satisfaction and Marital Satisfaction, ($r=0.085$, $P>0.01$) which indicate that Personal Satisfaction of unemployed people is affected their Marital Satisfaction. It means when the person is unemployed than he/she is not care about Personal and this impact on his/her Marital Satisfaction. It is clearly indicated that employment status disturbs Personal and Marital Satisfaction.

There is Positive Significant Correlation between Economical Satisfaction and Marital Satisfaction, ($r=0.075$, $P>0.01$) which indicate that Economical Satisfaction of unemployed people is affected their Marital Satisfaction. It means when the person is unemployed than he/she is not care about Economical and this impact on his/her Marital Satisfaction. It is clearly indicated that employment status disturbs Economical and Marital Satisfaction.

There is Positive Significant Correlation between Health Satisfaction and Social Satisfaction, ($r=0.320$, $P>0.01$) which indicate that Health Satisfaction of unemployed people is affected their Social Satisfaction. It means when the person is unemployed than he/she is not care about Health

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and this impact on his/her Social Satisfaction. It is clearly indicated that employment status disturbs Health and Social Satisfaction.

There is Positive Significant Correlation between Personal Satisfaction and Social Satisfaction, ($r=0.229$, $P>0.01$) which indicate that Personal Satisfaction of unemployed people is affected their Social Satisfaction. It means when the person is unemployed than he/she is not care about Personal and this impact on his/her Social Satisfaction. It is clearly indicated that employment status disturbs Personal and Social Satisfaction.

There is Negative Significant Correlation between Economical Satisfaction and Social Satisfaction, ($r= -0.028$, $P>0.01$) which indicate that Economical Satisfaction of unemployed people is don't affected their Social Satisfaction. It means when the person is unemployed than he/she is care about Economical and this impact on his/her Social Satisfaction. It is clearly indicated that employment status doesn't disturbs Economic and Social Satisfaction.

There is Positive Significant Correlation between Marital Satisfaction and Social Satisfaction, ($r=0.025$, $P>0.01$) which indicate that Marital Satisfaction of unemployed people is affected their Social Satisfaction. It means when the person is unemployed than he/she is not care about Marital Life and this impact on his/her Social Satisfaction. It is clearly indicated that employment status disturbs Marital and Social Satisfaction.

CONCLUSION

Summary and conclusion is very important in any research report of any study. But in the whole study, the last chapter is the most important part. The summary of the study is helpful in studying of the research, a very important in the short time of the research value of researcher. It is a tradition that a short glimpse of beginning to end is given in report of the study. Thus, this chapter is as important as other chapters.

Correlation of Adjustment, Life Style and Life Satisfaction

There is Negative Correlation Found between Adjustment and Life Satisfaction of Educated Unemployed People. It is indicate that adjustment level of unemployed people is not affected life satisfaction. Educated unemployed people can adjustment and satisfied with their life.

There is Negative Correlation Found between Adjustment and Life Style of Educated Unemployed People. It indicates that adjustment level of unemployed people doesn't affect their life style. Life Style is Negatively Change and Adjustment with the people also doesn't change due to unemployment.

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There is Positive Correlation between Life Satisfaction and Life Style of Educated Unemployed People. Life Style is Change and Life Satisfaction with the people is also change due to unemployment.

SUGGESTION

As far as the present study is concerned, the findings have been summarized as above, with all the limitations of time, tools and sample available. The researcher admits that, much can be improved and still more can be added. However, instead of going in to ideal conditions and all-round improvements, the investigator would restrict him to the few suggestions for follow-up work.

1. The Study Can Be conducted from the point of view of Caste, Religious and etc. of Variable with Gender, Live in Area and Ages.
2. The Study Can Be conduct According to the Family Income and social economic status wise with above Variable with Gender, Live in Area and Ages.
3. The Study Can Be conducted from the point of view of social status and prestige of family wise with above Variable with Gender, Live in Area and Ages.
4. The Study Can Be conducted from the point of view of Educational Qualification with above Variable with Gender, Live in Area and Ages.
5. The Study Can Be conducted from the point of view of Marital Status with above Variable with Gender, Live in Area and Ages.
6. The Study Can Be conducted from the point of view of Time Duration of Unemployment with above Variable of Gender, Live in Area and Ages.
7. The Study Can Be conducted from the point of view of Monthly Income and Family Expenditure in Month wise with above Variable of Gender, Live in Area and Ages.

LIMITATION OF THE STUDY

The abroad aim of any research is to make generalizations from the findings related to the sample and to apply these generalizations to the population or universe from which the sample is randomly drawn. This requires computation of parameters with appropriate statistical techniques. However, such aim of generalization in any research work has its own limitations by the statistics used and the procedure for selection of sample as well as sampling errors. For the present research the researcher has taken all the possible care and precautions to make most adequate statistical analysis and most representatives 'selection of sample through randomization. Any way still at the same time the investigator is fully conscious of the limitations of the study, they are as under:

1. Part time job working people was not included.
2. All age was taken as sample between 20 to 40 years.
3. Data Analysis was done by analysis of variance and correlation only.
4. Only Vadodara, Anand and Ahmedabad cities included for this research.

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5. In Present Research Monthly Income and Family Expenditure was not considered as independent variable.
6. Sample of the present research was not so large so result of the study research cannot be generalized.
7. The Study was not considered as point of view of Caste, Religious and etc. of Variable with Gender, Live in Area and Ages.
8. The Study was not considered as point of view of Time Duration of Unemployment with above Variable of Gender, Live in Area and Ages.
9. To reach conclusive decision, the study may be reported with a few more aspects.
10. The Study was not considered as point of view of, Family Income and social economic status, Educational Qualification and Family Social Status and Prestige of Family wise with above Variable with Gender, Live in Area and Ages.
11. The sample is selected from available Unemployment Centre and Interview Held in the industry.

IMPLICATION OF THE RESEARCH

After the completed research every researcher found something in the study. This findings help to society or particular group of the people to improve in person or society. Here in the research researcher found that Significant Differences is existed between Male and Female in Adjustment during the Unemployed Condition, Here the male and female has to try to adjustment in each and every aspect of life during the unemployment condition, so that the restlessness can decrease up to certain level. Further thing are that to be Significant Differences is existed between Urban and Rural People in Adjustment during the Unemployed Condition, as said above in implication that Urban and Rural people get training for getting employment so that the adjustment level with every part life can make possible.

Further implication of the study is that Significant Differences is existed between Male and Female in Life Style during the Unemployed Condition; definitely changes comes in life style during the unemployment but here at least the people has to take care about saving when they are earning or any other family member/s are earning so that when unemployment condition arise the life style can maintain. Further implication of the study is that Significant Differences is existed between Urban and Rural People in Life Style during the Unemployed Condition, in the urban area there are in family member/s or couple mostly in the 21st century both are earning so that the life style can be manage, but in the village there are only male are most of earning so that the expense of the family is not divided in to the family member that why the life style is changes. Further implication of the study is that Significant Differences is found between Types of Gender and Different Ages of People in Life Style during the Unemployed Condition.

Further implication of the study is that Significant Differences is found between Types of Different Ages and different Types of Live in Area people in Life Style during the Unemployed

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Condition. Absolutely in the male and female life style has been change when they are unemployed and same for urban and rural people so that in the Indian concept people must have saving this saving can helpful them in the condition of unemployment. Further implication of the study is that Significant Differences is found between Types of Gender, Types of Different Ages and different Types of Live in Area people in Life Style during the Unemployed Condition; as researcher found in this research people must have an alternative way for earning so that they can survive easily in compare to depend upon only job.

Furthermore to implication of the study is that Significant Differences is existed between Male and Female in Life Satisfaction during the Unemployed Condition. Definitely the life satisfaction level decrease when person are unemployed so that at this time person has to be maintain their personality, aggression level, anxiety level, emotion, isolation from the society, relationship maintain problems etc. so that Life satisfaction level can be uphold. There are an increasing number of young patients visiting psychiatrists for clinical depression caused by unemployment so this situation can be decrease.

Further effect of the study is that Significant Differences is found between Types of gender and different ages of people in Life Satisfaction during the Unemployed Condition. In the male and female there are absolutely the differences come in the life satisfaction level because of employment; when person are unemployed than definitely life satisfaction level decrease, so that people has to earn and save some amount of money which can be used in the unemployment condition, and the level of life satisfaction level can be maintained.

These are some of implication can be maintain and balance in the society so that these Adjustment, Life Style and Life Satisfaction level can be uphold, problems like adjustment, anger, anxiety, depressions, emotional problems, crime rate increasing, mental health problems, stress, suicides, blaming themselves, cardiovascular decease increasing, family support decreasing, isolation etc. can be decreased.

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Conflict of Interests

The author declared no conflict of interests.

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Attitudes towards Research among Bachelor of Pharmacy and Doctor of Pharmacy Students: A Study from Tertiary Medical Institute

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ABSTRACT

Background: Research plays a key role in day to day life and research became a part of study curriculum. Attitude towards research plays a key role in knowledge among medical as well as Para medical students. **Aim:** To assess the attitude towards research among pharmacy internees. **Methodology:** This study was carried out at department of psychiatry, RVS medical college & hospital..Study sample includes the pharmaceutical students (Bachelor of Pharmacy and Doctor of Pharmacy) doing their internship at Sri venakteswara college of pharmacy are included in the study. Attitudes towards the research was measured using Attitude towards research scale (ATR Scale). **Conclusion:** Attitude towards the research among pharmacy internees is variable which indicates the need to increase awareness of research among their graduate period.

Keywords: Research, Attitude, Pharmacy internees.

Research plays a prominent role in day to day life and research is one of the most important intellectual possessions for every human being to change his way life in accordance to the needs and demands of the society. Research is a key ingredient in shaping up the world that man lives in and the new experiences they see and encounter in their surroundings.^[1] Students at the undergraduate level usually tend to view research methods courses negatively^[2]. Many records could show evidences of the students' negative attitudes towards research in relation to courses in, statistics and mathematics^[3]. Attitude towards research is the significant indicator for academic performance and achievement and more positive one's attitude towards an academic subject, the higher the possibility for an individual to perform well academically. Attitude towards research among the medical and paramedical professionals is variable and research experience during graduate period is strongly associated with postgraduate research initiatives

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[4,5,6] and future career achievements in academic activities. Limited data is available on research attitude among Pharmacy graduates and current study focuses on the study of attitude towards research among Bachelor of pharmacy and Doctor of Pharmacy interneers.

Aims and Objectives

1. To assess the attitude towards research among Bachelor of pharmacy and Doctor of Pharmacy interneers.
2. To compare the attitude towards research between Bachelor of pharmacy and Doctor of Pharmacy interneers.

METHODOLOGY

This study was carried out at department of psychiatry, RVS medical college and hospital. Study sample includes the pharmaceutical students (B-Pharmacy and Pharm-D) studying at Sri venakteswara college of pharmacy. Attitudes towards the research was measured using Attitude towards research scale (ATR Scale). Statistical analysis was done by using EPI INFO and M.S. Excel software's.

Attitude towards research questionnaire:

It is a 30-item, self-rated, Likert scale which measures research attitude on the basis of five factors: The five factors included in the questionnaire were: usefulness of research in a career, research anxiety, positive attitudes toward the research, relevance of the research to life, and research difficulty. Attitudinal statements were scored on a 7-point Likert scale varying from 1.Strongly disagrees to 7. Strongly agree. More the mean value of the response, more is the positive attitude and vice versa.

Analysis and Results:

Socio demographic profile

As shown in Table 1, total sample consists of hundred house surgeons which constitutes by fifty B-Pharm and Pharm D individuals respectively. Males constitute forty eight and a female constitutes fifty two in number. Mean age of participants is 23.5 years.

Table 1:

Variable	Value
Age :	
Mean Age of all the sample	23.5
Sex :	
Male	48
Female	52

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Among total population, most of the individuals had variable and uncertain responses. People shared favourable responses (Mean value = 5.5 to 7.0) towards eleven items -2,4,12,15,19, . Uncertain attitude (Mean value = 3.0 to 5.5) was observed in seven items - 1,3,5,6,7,8,9,10,11,13,14,16,17,18,20, ,22,23,24,25,26,27,28,29,30. Unfavourable response (1.0 - 3.0) is observed for the item 21.

Table 2

Questionnaire	Mean value of Pharm D students n=50	Std Dev of Pharm D students	Mean value of B-Pharm students n = 50	SD of Pharm B- Pharm	Total mean value n = 50	Total Std Dev
1. Research makes me anxious.	4.6667	1.0328	4.6585	1.6675	4.5833	1.661
2 Research should be taught to all students.	5.5	1.3784	5.7805	1.525	5.6667	1.5755
3. I enjoy research.	5.1667	1.472	5.3659	1.3371	5.2917	1.3677
4. Research is interesting.	5.6667	1.0328	5.6098	1.3762	5.5833	1.3342
5. I like research.	5.8333	0.9832	5.3171	1.5722	5.375	1.4964
6. Research scares me.	3	1.0954	3.122	1.9519	3.1667	1.8831
7. Research is useful for my career.	5	1.5492	4.9512	1.7168	5	1.6885
8. I find it difficult to understand the concepts of research.	5.1667	1.6021	3.7317	1.5973	3.9583	1.6626
9. I make many mistakes in research.	4	1.7889	4.0244	1.6806	4.0417	1.6626
10. I love research.	6	1.2649	5.0976	1.4284	5.1875	1.4241
11. I am interested in research.	5.1667	1.8348	5.3171	1.3498	5.25	1.4217
12. Research is connected to my field of study.	5.8333	0.9832	5.6585	1.4596	5.6042	1.4838
13. Most students benefit from research.	5.6667	1.0328	5.4146	1.5326	5.3542	1.5911
14. Research is stressful.	4.8333	2.2286	4.1951	1.8871	4.2292	1.9267
15. Research is very valuable.	6	1.2649	5.7561	1.3744	5.7292	1.3951
16. Research makes me nervous.	4.1667	1.9408	3.9268	1.4559	3.9583	1.4869
17. I use research in my daily life.	4.6667	2.2509	3.8537	1.7544	3.9792	1.8041
18. The skills I have acquired in research will be helpful to me in the future	4.8333	1.169	5.3415	1.4935	5.2917	1.4434
19. Research is useful to every professional.	5.5	1.2247	6.1707	1.2228	6.1042	1.2246
20. Knowledge from research is as useful as writing.	4.6667	1.633	5.0488	1.7882	5.0208	1.7442
21. Research is irrelevant to my life.	3.5	2.0736	2.6829	1.6192	2.8333	1.6927
22. Research should be indispensable in my professional training	4.8333	1.8348	4.2195	1.5734	4.2917	1.5839
23. Research is complicated	5.8333	0.9832	4.8537	1.7112	4.9375	1.6683
24. Research thinking does not apply to my personal life.	5	2.1909	3.4878	1.9381	3.6667	1.9929
25. I will employ research approaches in my profession.	5.5	1.0488	4.9512	1.7882	4.9792	1.7196
26. Research is difficult.	5.8333	1.472	4.5366	1.8721	4.6667	1.8604
27. I am inclined to study the details of research procedures carefully.	5.1667	0.7528	4.6585	1.1093	4.7083	1.0711
28. Research is pleasant	4.5	2.0736	3.9512	1.8296	4.0417	1.833
29. Research-orientated thinking plays an important role in my daily life	5.3333	1.0328	4.7805	1.8099	4.875	1.7213
30. Research is a complex subject	4.8333	1.169	5.1707	1.7015	5.1667	1.6417

DISCUSSION AND CONCLUSION

Attitude towards research is variable and proper education with training after assessing the attitude helps the individuals to change the individuals attitude more favourable and helps in better ongoing of research .The study revealed that there was a positive significant relationship between students' research self-efficacy and some of their personal and professional characteristics, including age and numbers of published papers. Earlier studies on research attitude found that several factors such as personal and professional characteristics, including age and numbers of published papers. ^[7,8] In our study we found that among the total population, individuals have more uncertain responses than favourable or unfavourable responses. More number of uncertain responses can be explained by the experience of research as a tough and difficult course and want to avoiding research during the undergraduate training. It also indicates the need of education and research training during their undergraduate level.

Gender plays a key role on research attitudes and earlier studies shows that males experienced lower levels of anxiety compared to females. Graduating students whether male and female from the Faculties of Education, Arts and Social Sciences had negative attitude towards research ^[9] . In our study female individuals showed favorable responses than male individuals which differs from earlier studies.

The current study found that individuals from B-pharm and Pharm D have different responses and most of the Pharm D individuals are strongly agreeing that they love research and research is very valuable (6.0 + 1.264) and they are strongly disagreeing for the question Research scares me (3.0 + 1.9). B-pharm individuals are strongly agreeing that research is useful to every professional (6.1707+1.2228) and at the same time they are disagreeing that Research is irrelevant to my life. (2.6829 + 1.6192). Much varied responses and much variation is seen among the items I will employ research approaches in my profession, Research is difficult, I am inclined to study the details of research procedures carefully, Research is pleasant , Research-orientated thinking plays an important role in my daily life . The variation among two groups can be explained by the fact of early exposure of research to the individuals of Pharm D than B-pharm individuals and moreover inclusion of Research and methodology subject in the educational curriculum of Pharm D course. ^[10]

As the sample recruited for the study is from single institution results cannot be generalised to the whole population is one of the limitation in our study. Future research is needed with large sample size at clinical and community level .The results are concluding that attitude towards research among Pharmacy internees is variable and Pharm D individuals are having more favourable responses than B-Pharm internees. This results shows the need of research oriented programmes to improve the awareness and knowledge regarding the research. Proper awareness

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towards research to personals at undergraduate level and inclusion of research in undergraduate curriculum is required for more favourable attitude which helps in better professional outcomes.

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Conflict of Interests

The author declared no conflict of interests.

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Birth Weight of Newborn In Relation To Maternal Weight Gain and Hemoglobin Level

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ABSTRACT

Adolescent nutrition is therefore important for supporting the physical growth of the body and for preventing future health problems. For many adolescents, inadequate quality and quantity of food are the prime determinates of nutrition problems. Micronutrient malnutrition and chronic energy deficiency resulting in thinness (low body mass index or BMI). The marriage of girls at young ages in India leads to teenage pregnancy and motherhood. Young women, who become pregnant and have child births, experience a number of health, social, economic, and emotional problems. For the present study, the hospital located at Sanganeri gate Jaipur (Mahila zila chikitsalya) was selected. Present study indicates that there is positive relation between BMI of respondents and birth weight of their newborns ($p < 0.05$). Birth weight of the infant is directly related with maternal weight gain and BMI. In the present study 70% of the respondents were anemic. Severe anemia was found to be 3%, which is a serious finding and this can lead to maternal and neonatal morbidity. Current study showing that, hemoglobin level of the respondents has direct impact on birth weight of new born. Babies of anemic mothers tend to be of LBW ($p < 0.001$). Adolescent girls as such suffer from mild to moderate anemia. Added to this, adolescent pregnancy can become a threat to her life. Hence, there is a need for educating adolescent girls on harmful effect of teenage pregnancy and also the importance of IFA supplementation, not only during adolescence but also in pregnancy. Thus, the findings show that the entire health and nutritional factors are inter-related.

Keywords: BMI, Pregnancy Induced Hypertension, Intra Uterine Growth Retardation, Anemia.

Adolescence is the transition period between childhood and adulthood, a window of opportunity for the improvement of nutritional status and correcting poor nutritional practices. This is about the same period puberty sets in, typically between the ages of 10 and 13 years in girls. Adolescence is characterized by the growth spurt, a period in which growth is very fast. During

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this time, physical changes affect the body's nutritional needs, while changes in one's lifestyle may affect eating habits and food choices. Adolescent nutrition is therefore important for supporting the physical growth of the body and for preventing future health problems. For many adolescents, inadequate quality and quantity of food are the prime determinates of nutrition problems. These conditions may be due to household food insecurity, intra household allocation of food that does not meet their full range of dietary needs, livelihoods insecurity and lack of nutrition knowledge. Micronutrient malnutrition and chronic energy deficiency resulting in thinness (low body mass index or BMI). BMI is a measure of thinness in adolescents and adults; it is equal to a person's weight in kilograms divided by height in meter² or $[\text{kg}/(\text{m})^2]$ and stunting stem primarily from poor diet. Excessive physical activity patterns (e.g. heavy workloads and walking long distances) and infection may also contribute to under nutrition.

In recent decades adolescent pregnancy has become an important health issue in a great number of countries, both developed and developing. However, pregnancy in adolescence is by no means a new phenomenon. In large region of the world, age at marriage has traditional been low in kinship based societies and economies. In such cases most of the girls married, soon after menarche, fertility was high, and consequently many children were born from adolescent mothers.

The major problems related to adolescent pregnancy are the high incidence of health problems in the babies (low birth weight and prematurity) and the impact of the pregnancy and parenthood on the mother's educational and economic future.

The marriage of girls at young ages in India leads to teenage pregnancy and motherhood. Young women, who become pregnant and have child births, experience a number of health, social, economic, and emotional problems. In addition to the relatively high level of pregnancy, there are complications among young mothers because of physiological immaturity; inexperience associated with child care practices also influences maternal and infant health. Moreover, an early start to childbearing greatly reduces the educational and employment opportunities of women and is associated with higher level of fertility.

The increase in plasma volume and the subsequent decrease in hemoglobin concentration and hematocrit in normal pregnancy complicate the assessment of anemia. WHO defines the minimum hemoglobin concentration in normal pregnant women as 11.0 g/dl, the minimum hematocrit level is 0.31 g/dl.⁽¹⁾ In fact there are good reasons to set the minimum hemoglobin value somewhat lower than 11.0 g/dl because hemodilution in normal pregnancies may decrease this level to 10.4 g/d. Severe anemia is hemoglobin <7.0 g/dl.⁽²⁾

Preterm birth (birth before 37 weeks) is a major cause of neonatal death and infant morbidity. Preterm births can be divided into two different groups. The first group comprises births that

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have been preceded by various complications during pregnancy, such as pre-eclampsia, serious fetal growth retardation, placenta praevia, and abruptio placentae. Because of these complications, an indication exists to artificially terminate the pregnancy before a gestational age of 37 weeks; as a consequence the infant is born preterm. The second group of preterm births is those resulting from spontaneous preterm labor, resulting in preterm delivery. Neonatal morbidity here is primarily related to birth. This morbidity includes low birth weight (LBW), but also disease caused by the immaturity of various organs, especially the lungs. The morbidity is more serious if birth occurs at a gestational age of <33 weeks; life-preserving treatment necessitates intensive care, if available.⁽³⁾

Objectives:

1. To know the presence of nutritional anemia during pregnancy among the respondents.
2. Correlate the birth weight of newborn with maternal weight gain and Hemoglobin level.

METHODOLOGY

Locale of the Study

The hospital is at Sanganeri gate, caters to the patients living within the walled city of Jaipur and outside the walled city. For the present study, the hospital located at Sanganeri gate was selected, as majority of the hospital patients represent heterogeneous groups.

Selection of the respondents

Inclusive criteria: 17-19 years of age group.

Exclusive criteria: Girls suffering from chronic diseases like coronary heart disease, renal disease, chronic hypertension, diabetes, multiple gestations, were excluded from the study. Considering the inclusive criteria, a total of 100 girls formed the final respondent.

The lady doctor (gynecologist and obstetrician) was contacted and her O.P.D. days were attended by the researcher for the data collection. The selected doctor had O.P.D. for one day per week. The researcher attended the O.P.D. once in a week for a period of 10 months. On an average 2-3 teenage pregnancies per week attended the O.P.D. Thus, the respondents were 8-9 per month and a total of 100 respondents formed the study group.

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Tools for the data collection

Table 1. Details of the selected variables

S. No.	Variable	Tools used to measure variable
1.	Nutritional assessment (a) Height (b) Weight (c) BMI	Microtoise heightometer Calibrated libra bathroom scale Standard formula
2.	Nutritional problems and complications during pregnancy	Case file/records maintained at the hospital.
3.	Outcome of the pregnancy in terms of birth weight of new born	Hospital records

Procedure to Measure the Variables

Nutritional Assessment

(a) **Height:** Microtoise heightometer with the sensitivity of 0.1 cm was used to record height. The subject was made to stand below the instrument with heels, buttocks, shoulders and back of head touching the wall and arms hanging at the sides. The head of the subject was positioned at the Frankfurt plane. The head piece was lowered till it made contact with the head, and the height was recorded directly to the nearest completed unit.⁽⁴⁾

(b) **Weight:** Calibrated libra bathroom scale with 500 grams sensitivity was used to record the weight. The subject was weighed with minimum clothing. The subject was made to stand bare feet straight in the centre of the machine platform without any support and weight was recorded to the nearest completed unit.⁽⁴⁾

(c) **BMI:** BMI was calculated by using the following formula:

$\frac{\text{Weight (kg)}}{\text{Height (mt)}^2}$

Weight in kg divided by height (mt)².⁽⁴⁾

Interpretation of BMI: The BMI was calculated as per the following nutritional grade.

- **Hemoglobin estimation:** Hemoglobin estimation was done by the Sahli's method, where the subjects were classified according to severity of anemia.

Birth weight is an important indicator of a child's vulnerability to the risk of childhood illness and chances of survival. Children whose birth weight is less than 2.5 kilograms, or children reported to be 'very small' or 'smaller than average' are considered to have a higher than average risk of early childhood death. Maternal nutrition is one of the important factors in the outcome of pregnancy in terms of birth weight. Hence, in the present study one of the objectives was to record the birth weight of the new born. The weights of the new born was collected from the hospital records and were further classified into low birth weight, having less than 2.5 kg and normal weight i.e. 2.5 kilograms or more than 2.5 kilograms.

RESULTS AND DISCUSSION

The collected data was tabulated and the results obtained are presented under the following table.

Table 2. Anthropometric measurements of the respondents (N=100)

Age (17-19) years	Height (cm) Mean±SD	Weight (kg) Mean±SD	BMI Mean±SD
Observed value	155.55±3.24	50.31±8.70	*19.53±2.42

*BMI of the respondents in their 2nd or 3rd trimester.

Anthropometric measurement: In the present study two indicators of nutritional status were taken i.e. height and BMI. The height is an outcome of several factors, including nutrition during childhood. Women's height can be used to identify women at risk of having a difficult delivery, since small stature is often related to small size of pelvis. The risk of having a baby with a low birth weight is also higher for mothers who are short. The cutoff point for height, below which a woman can be identified at risk, is 145 cm. In the present study all the respondents had mean height of 155.55 cm ±3.24.

The height and weight measurements are used to calculate the BMI. The BMI is defined as weight in Kg's divided by height in meter² (kg/m²). A cutoff value 18.5 is used to defined thinness or acute under nutrition in non pregnant females. In the present study though the BMI has been calculated, but comparative study could not be done, because standard BMI in different trimesters of adolescent pregnancies for Indian adolescent girls is not available. However, one of the striking features is that as per National Academy of Science (NAS, 1990).⁽⁵⁾ standards for pre-pregnancy less than 19.5 are considered as low BMI. In the present study the mean BMI was 19.53±2.42, in their 2nd /3rd trimester. This clearly shows that these adolescent girls had a very low BMI prior to pregnancy. Thus the respondents in the present study had chronic energy deficiency and higher prevalence of nutritional deficiencies.

Table 3: Relation between BMI and birth weight of the newborn

Mean birth weight of newborn	Mean BMI	Pearson Correlation (r)	p value
2.6±0.35	19.53±2.42	0.375	0.001

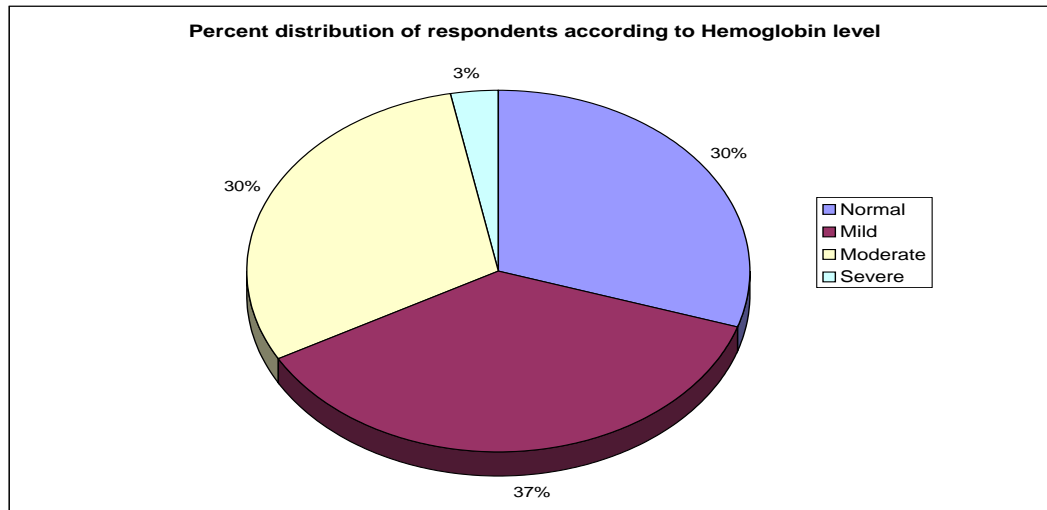
Present study indicates that there is positive relation between BMI of respondents and birth weight of their newborns (p<0.05). Birth weight of the infant is directly related with maternal weight gain and BMI ⁽⁶⁾. Among the maternal factors: maternal malnutrition including maternal weight (<45kg) maternal height (<145cm) and BMI (< 18.5) were significantly associated with IUGR. ^{(7) (8)(9)(10)}

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Table4: Percent distribution of respondents according to Hemoglobin level (N=100)

Grade	Hb level(gm/dl)	Percentage
Normal	≥ 11	30%
Mild	9-10.9	37%
Moderate	7.1-8.9	30%
Severe	≤ 7	3%

(Source: WHO, 2000)



In the present study 70% of the respondents were anemic although they regularly collected IFA tablets given at the antenatal clinic. This reflects that, just distribution of IFA tablets is not enough, and promotion of IFA tablets consumption should be encouraged. Moreover, severe anemia was found to be 3%, which is a serious finding and this can lead to maternal and neonatal morbidity.

Table 5: Relation between hemoglobin and birth weight of the new born

Mean birth weight of newborn	Mean hemoglobin	Pearson correlation (r)	p value
2.6 \pm 0.35	9.90 \pm 1.36	0.401	0.001

Current study showing that, hemoglobin level of the respondents has direct impact on birth weight of new born. Babies of anemic mothers tend to be of LBW ($p < 0.001$). Among teenagers anemia was found to be a significant health problem⁽¹¹⁾. The prevalence of anemia was quite high in teenage pregnancy⁽¹²⁾⁽¹³⁾⁽¹⁴⁾. In India, anemia is directly responsible for 40 percent of maternal deaths; maternal anemia is associated with poor intrauterine growth and increased risk of preterm births and low birth weights⁽⁸⁾. Anemia was the major indirect cause of maternal mortality.⁽¹⁶⁾

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Adolescent girls as such suffer from mild to moderate anemia. Added to this, adolescent pregnancy can become a threat to her life. Hence, there is a need for educating adolescent girls on harmful effect of teenage pregnancy and also the importance of IFA supplementation, not only during adolescence but also in pregnancy.

Thus, the findings show that the entire health and nutritional factors are inter-related. Good maternal nutrition coupled with regular ANC's, practicing the health and nutritional advice, good weight gain during pregnancy and institutional delivery, in a way can lead to healthy pregnancy and a healthy / normal weight new born. Two or more ANC had significantly lesser number of perinatal deaths as compared to those with one or no ANC. ⁽¹⁷⁾ Improving the general health and nutrition of the girl child, increasing the age of marriage and subsequent childbearing along with timely and quality ante-natal care reduces the incidence of anemia, PIH, IUGR, fetal loss and LBW babies. ⁽¹⁸⁾

CONCLUSION

Present study clearly reflects that a teenage pregnancy not only results in low birth weight baby, but increased tendency for caesarean section. Hence, there is a need for discouraging the teenage pregnancy through education. Further, there is urgent need for educating the girls on health and nutrition, preparing them for the ideal age of marriage and having first child. Along with the health care (ANC's), nutritional care is also important (maternal nutrition). Both health and nutritional care become complementary to each other, which can result in healthy pregnancy and its outcome.

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Conflict of Interests

The author declared no conflict of interests.

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A Study of Positive Psychological Capital on Employee Engagement on a Defence Establishment of India

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ABSTRACT

Positive Psychological Capital (PsyCap) is a vital build of Positive Psychology which consists of four psychological components namely Self-efficacy, Hope, Optimism and Resilience. Previous researches have shown that PsyCap do have a positive association with work-related outcomes such as employee engagement, employee attitude, behavior, and job performance. Most of the researches related to the PsyCap and Employee engagement were done on employees of multinational firms/ business strata ignoring the world's largest organization "The Defence Establishments". In today's world defence personals operate in a very dynamic, technical and complex work environment, which brings drafting increase in mental health issues and hampering organizational outcome as well as employee engagement. The present study was undertaken to explore the relationship between Positive Psychological Capital (PsyCap) and Employee Engagement (EE) on a defence establishment of India.

On the basis of availability of sample, data of 30 participants from a defence establishment of India were collected in a field survey. Basic descriptive analysis, Pearson's correlation and Regression analysis were performed. Results revealed positive relationship of PsyCap with Employee Engagement.

Keywords: *Positive Psychological Capital, Employee Engagement And Defence Establishment.*

From the time immemorial it has been noticed that success of any flourishing company depends on the contribution of its engaged employees. In the context of defence forces which play their role in a continuous dynamic environment with more technical advancements, critical weather conditions and challenging work environment. At times it becomes very stressful for the personals to adopt their work culture which may hinder their role performance. Thus, now-a-days defence organizations are more concerned about the development and maintenance of their human resources along with the development of physical power. The reason behind this is that

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progress of every organization depends upon the positive growth and individual involvement of its employees. Work involvement is related to engagement of its employees. Employee engagement may be define as engagement of employees all physically, emotionally and mentally, which automatically bring positive outcome in the form of productivity for the organization.

Employee engagement:

The history of employee engagement goes back with Goffman who for the first time use the term “embracement” (Goffman 1959, 1961) to explain investment of individual self and his energy into one’s role. He believes that role involvement includes one’s attachment to his role which is important for an active engagement which is visible in the form of individual’s effort and attention for assigned role.

Inspired by Goffman’s (1959,1961) perspective of “role embracement” , Kahn (1990) developed a theoretical viewpoint to describe when and why individuals involve themselves at work in varying degree and show difference in their individual performance. Further, in the path of his investigation Kahn explored engagement and disengagement among employees. Kahn (1990) defined employee engagement as “employee engagement is the harnessing of organization members’ selves to their work roles; in engagement, people employ and express themselves physically, cognitively, and emotionally during role performances”. The “cognitive component” includes employees’ viewpoint about the organization, its leaders and work environment. The “emotional component” includes employees’ feeling about their organization, there affirmative or unenthusiastic attitudes toward the organization and its leaders. The “physical component” of engaged employee includes the corporeal energies exerted by persons to achieve their goals (Kahn, 1990). Hence, engagement means psychophysical presence of employees while occupying and performing an organizational role.

Baumruk (2004) et al defined employee engagement as “*emotional and intellectual commitment to the organization.*”

Hewitt Associates (2006) defined employee engagement as “*the employees desire to say- speak positively about the organization, stay - desire to be a member of the organization and strive - go beyond the expected for the organization*”.

Truss et al (2006) defined employee engagement as “*passion for work*”.

Wellins and Concelman (2004) defined employee engagement as “*the illusive force that motivates employees to higher levels of performance. This coveted energy is an amalgam of*

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commitment, loyalty, productivity and ownership.” They further added “feelings and attitudes employees have towards their jobs and their organization”.

Few psychologists argued that these definitions often sound similar to “*organisational commitment*” and “*organisational citizenship behavior*”. Robinson et al (2004) defined engagement as “*one step up from commitment*”. As a consequence, employee engagement has the manifestation of being another movement, or might be called as “old wine in a new bottle”.

May et al (2004) viewed “*engagement as most closely associated with the constructs of job involvement*”. Whereas, Csikszentmihalyi (1990) defined it as “the holistic sensation that people feel when they act with total involvement”.

Approaches of Employee engagement:

In 2011 Shuck identified four approaches to employee engagement which are as follows:-

- Needs satisfying approach, Kahn (1990) was a scholar who first used the term engagement in the organizational set up to understand the individual and his unique needs as work place context. This approach is based on his idea that work engagement is the face of individual's ideal self during task behaviors.
- Burnout antithesis approach, in which positive energy, individuals involvement, self-efficacy are presented as the opposites of stress and burnout which includes exhaustion, cynicism and lack of accomplishment.
- Satisfaction-engagement approach, in which engagement is a more technical version of job satisfaction, evidenced by Gallup's own Q12 engagement survey which gives an $r=.91$ correlation with one (job satisfaction) measure.
- The multidimensional approach, Saks (2006) further developed the idea of Kahn. Saks (2006) viewed engagement as “a distinct and unique construct consisting of cognitive, emotional and behavioral components associated with individual role performance”. In this theory a clear difference is maintained between job and organizational engagement, usually with the main focal point on past history and its results to role performance rather than organizational identification.

Positive Psychological Capital:

Positive Psychology

The study of organizational behavior throughout history moves on the same direction path as followed by clinical psychology by emphasis on shortcomings and psychopathology. As well as demonstrated a bias that what is wrong towards men (Pages and Donohue, 2004). Consequently, the current OB research is concerned with the diagnosis of the problems and weaknesses and focuses on 'fixes' demands for organizational mental health.

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Martin Seligman, President of American Psychological Association actively interested on relieving cultural disagreement, Seligman (1999) in the direction of improving the lives of people called for a new science to be known as “positive psychology” Seligman (1999). This area of psychology, in Seligman’s view, had moved from its unique heredity in making the lives of people more rewarding and fruitful, to a post-World War II focus almost solely on curing and improving of mental infirmity and for the betterment of lives of all people. He called for psychologists to work that directs to well-being of individuals, communities, and societies. Seen the increasing rate of anxiety and depression Seligman called for increasing amounts of research focus on the finding and expansion of positive attributes about persons that would amplify their level of well-being on one hand and reduce the negativity and symptoms of despair on the other hand.

Despite the expansion of the positive progress inside applied psychology, initiated by Martin Seligman and his colleagues (Seligman & Csikszentmihalyi, 2000), perception has been shifted through which OB is examined. Several paradigms concerned with positivity in the place of work have progressed over the past 20 years, together with Positive Organizational Scholarship and Positive Organization Behavior.

The literature of POS and POB has a different meaning and research focus. POS mainly contributes to the study of positive outcome, organizational procedures and their composition as a whole. On the other hand, POB is a study of leaning human resource strengths and psychological capabilities which are measurable and successfully managed for performance enhancement that can be implemented. The POB Criteria of trait-state continuum proposed by Luthans & Youssef (2007) includes hope, self-efficacy, resilience and optimism and the higher-order construct of PsyCap comprised of these four constructs. Detailed discussion of each of these will be presented in the following sections.

Psychological Capital -

Positive Psychological Capital is the positive and developmental state of an individual as characterized by high self-efficacy, optimism, hope and resiliency. The four components are defined as follows:

Hope – Is defined as a feeling of expectation and desire for a positive thing to happen. It includes determination for achievement of goal and proactive planning for the same.

Self efficacy – Is defined as individual’s self confidence in their ability to achieve a specific objective in a specific condition.

Optimism – Optimism is an internal disposition or tendency to look on the more positive or favorable side of events or conditions and to expect the constructive outcome for future.

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Additionally, optimism leads to hope and efficacy. Further, both hope and optimism are necessary components of resilience.

Resilience – Is defined in Positive Psychology as a positive way of coping with adversity or distress. In organizational aspect, it is defined as an ability to recuperate from stress, conflict, failure, change or increase in responsibility.

Researchers considered “positive psychological states as a powerful higher-order core factor. This factor is known as Psychological Capital or PsyCap, and is defined as: an individual’s positive psychological state of development that is characterized by: (1) having confidence (self-efficacy) (2) making a positive perception (optimism) about future; (3) moving toward goals and when necessary, changing the paths to goals (hope) in order to succeed; and (4) when surrounded by problems or adversity, develop elasticity and flexibility to sustaining and bouncing back” (Luthans, Avolio, et al., 2007).

Psychological Capital: Is Not a Summation:

The term psychological capital or PsyCap is not a summing up of four resources of PsyCap rather it is a Meta construct which combines the four mechanisms to work together. Thus, PsyCap is found to have more noticeable effect on the enviable outcomes than the effect of individual resources. Hence, PsyCap is found to have more potency than sheer summation of its four resources.

Psychological Capital: Measurement

For scoring of 24 items of PsyCap questionnaire (PCQ) the investigator needs to add all scores on 6-point scale. Higher scores point out more positive PsyCap. Moreover, efforts are made to develop psychometric supports for the PCQ.

Psychological Capital: Development

The PsyCap and its resources are developmental in nature. Micro intervention training enhances individuals’ level of PsyCap. “Psychological Capital Intervention (PCI)” (Luthans et al, 2010) is accessible both in online as well as in-house formats.

Psychological Capital: Organizational Outcomes

It is believed that PsyCap has components that are very useful for organizational development. Many researches have been clearly showing the benefits of PsyCap on employee performance, engagement and operations etc.

In addition, psychologists like Luthans, Avolio et al. (2007); Avey, Luthans & Jensen, (2009); Johnson et al. (2009); Smith & Palmer, (2010) and Avey et al. (2010) found that PsyCap has positive relationships with other organizational outcomes such as employee attitudes, behavior,

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and psychological well being, organizational commitment, work-life happiness, job satisfaction and organizational citizenship behaviors

Moreover, PsyCap has been positively associated with employee's engagement (Hodges, 2010; and Hughes, Avey, and Norman, 2008). Furthermore, it is negatively associated with employee stress and turnover (Avey, Luthans, & Jensen, 2009)

Besides that studies by Avey et al., (2006) Avey, Hughes, Norman & Luthans, (2008); Avey, Wernsing et al., (2008); Avey et al., (2009); Avey, Luthans & Youssef, (2010); Norman, Avey et al., (2010) also explored a negative associations between PsyCap and unwanted employee attitudes and behaviors like absenteeism and workplace deviance.

Relationship between Positive psychological capital and employee engagement:

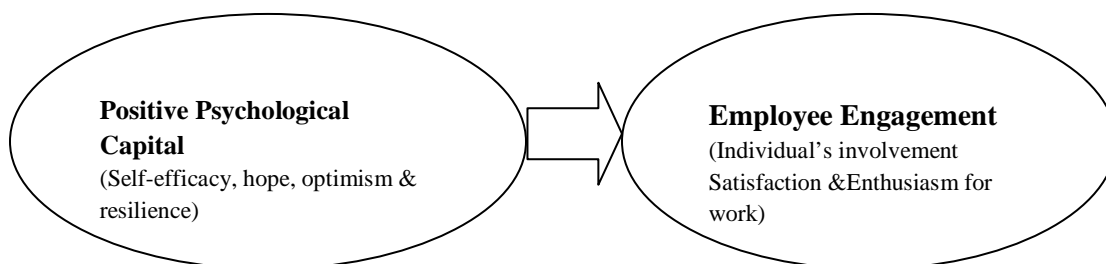
Youssef & Luthans (2007) examined the impact of positive PsyCap on work-related outcome such as work engagement in which they found that positive PsyCap have a positive impact on work engagement.

Buys and Rothmann(2010) conducted a research to explore correlation between organizational commitment and work engagement . Their findings inform that organizational commitment and engagement have positive correlation as engaged employees have good social operations and adequate commitment.

Sihag P. & Sarikwal L (2014)provided evidence in their research that PsyCap have positive impact on employee engagement.

Proposed Model of the study:

The at hand study model is base on the theory of engagement of Satisfaction-Engagement Approach.



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Significance of the study

- The current investigation is an extension to the literature of to existing assumptions and researches on organizational behavior related to Psychological capital and employee engagement.
- Most of the researches related to the PsyCap and Employee engagement were done on employees of multinational firms/ business strata ignoring the world's largest organization "The Defence Establishments". This study, on the other hand, selected a defence organization as the research population.
- In today's world defence personal's operates in a very dynamic, technical and complex work environment, which brings drafting increase in mental health issues and hampering organizational outcome as well as employee engagement. The present inquiry was undertaken toward explore the relationship between Positive Psychological Capital (PsyCap) and Employee Engagement (EE) on a defence establishment of India.
- The present research is the first study exploring the effect of Psychological capital (PsyCap) on employee engagement on an Indian Defence Organization.

Statement of the problem: The problem can be stated as, "Is there any correlation between Positive Psychological Capital on Employee Engagement?"

Objectives of the study: To study the relationship between positive psychological capital and employee engagement.

Hypotheses of the study: *Hypothesis 1:* The positive psychological capital will have positive relationship with employee engagement.

RESEARCH METHODOLOGY

Population:

In the present research, real population of all the employees from a major Defence establishment of India was selected as subject. This division of armed force has potency of 127,000 vigorous workforces. However, a range of dependable sources provided remarkably different estimations of its potency over the years (Military Balance, 2010).

Sample:

In the present examination, on the basis of availability of sample, data of 30 participants from a defence establishment of India were selected. The participants will be provided with the brief knowledge about the venture and a explanation of the time obligation. The participants who agreed to voluntarily participate in the survey will be provide with survey questionnaires related to Positive Psychological Capital and Employee Engagement and instructions related to accomplishment of the questionnaires.

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Research Design:

The research design which will be used in this study will be descriptive.

RV- Professional profile, family profile, service tenure and age.

The Instruments:

The independent variable in this study is *Positive Psychological Capital or PsyCap*. With the permission of www.mindgarden.com the positive psychological capital will be measured by using **Psychological Capital Questionnaire (PCQ)** using the 24-item questionnaire developed by Luthans, Youssef, & Avolio, (2007) designed to measure 4 components -Work self-efficacy, optimism, hope and resiliency. Responses were collected with the help of 6 point likert scale, using level of agreement or disagreement with each statement from strongly disagree to strongly agree (1 = strongly disagree, 2 = disagree, 3 = somewhat disagree, 4 = somewhat agree, 5=agree, 6 = strongly agree).

The dependant variable, *Employee engagement* will measure by using the **Gallup Q12® Employee Engagement Survey** by Buckingham & Coffman (1999) and Harter et al. (2002), which initiate with an item which assess overall workplace satisfaction. On a five-point scale, where “5” is extremely satisfied and “1” is extremely dissatisfied. Rest 1-12 items in the scale assess employee engagement on 6 point scale, where, 1 = strongly disagree, 5 = strongly agree, 6=don't know/does not apply.

Data Analysis Techniques:

For data analysis basic descriptive statistics, Pearson correlation coefficients and Regression analysis will be used on IBM SPSS 17 version software tool.

RESULTS AND DISCUSSIONS

The data were analyzed with the help of Mean, Standard deviation, Person Correlation and regression analysis. So as to find out the relationship between psychological capital and employee engagement. The results of this study have been explained as under:-

Table 1: Descriptive Statistics

	N	Minimum	Maximum	Mean	Std. Deviation
PsyCap	30	107.00	140.00	128.3000	7.20704
EE	30	37.00	62.00	56.0667	5.39434
Valid N	30				

It can be observed from table 1, where, the N= 30. The measure of central tendency (Mean) of the positive psychological capital and employee engagement are 128.300 and 56.066 respectively. The measure of dispersion (Standard deviation) for positive psychological capital and employee engagement are 7.207 and 5.394 re.

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Table 2: Pearson Correlation

		PsyCap	EE
PsyCap	Pearson Correlation	1	.783**
	Sig. (2-tailed)		.000
	N	30	30
EE	Pearson Correlation	.783**	1
	Sig. (2-tailed)	.000	
	N	30	30

** . Correlation is significant at the 0.01 level (2-tailed).

Table 2, Pearson correlation table, explores the relationship between positive psychological capital and employee engagement. This table reveals that (a) correlation of PsyCap with itself ($r=1$) and the number of non missing observations for PsyCap ($N=30$). (b) correlation of PsyCap and EE ($r=.783^{**}$), based on ($N=30$) observations with pair wise non missing values. (c) correlation of EE and PsyCap ($r=.783^{**}$), based on ($N=30$) observations with pair wise non missing values. (d) correlation of EE with itself ($r=1$) and the number of non missing observations for EE ($N=30$). The results shows correlation is significant at the 0.01 level. Thus, the positive psychological capital is found to have positive relationship with employee engagement. So, our research hypothesis (i.e., H_1) is accepted.

Table 3.1: Regression Table Model Summary

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.783 ^a	.613	.599	3.41714
Preedictors: (Constant), PsyCap				

Table 3.1 shows the model summary and overall fit statistics. Investigator found that the adjusted R^2 of this model is 0.599 with the $R^2=0.613$ that means the linear regression explains 61.3% of the variance in the data.

Table 3.2: The Regression F- test Table

Model		Sum Squares	Df	Mean Square	F	Sig.
1	Regression	516.915	1	516.915	44.268	.000 ^a
	Residual	326.951	28	11.677		
	Total	843.867	29			

a. Predictors: (Constant), PsyCap

b. Dependent Variable: EE

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Table 3.2 is the F-test table, the linear regression's F-test shows that there is linear relationship between the two variable, with $F=44.268$ and 29 degrees of freedom the test is highly significant, thus we can assume that there is a linear relationship between the variables i.e, PsyCap and EE.

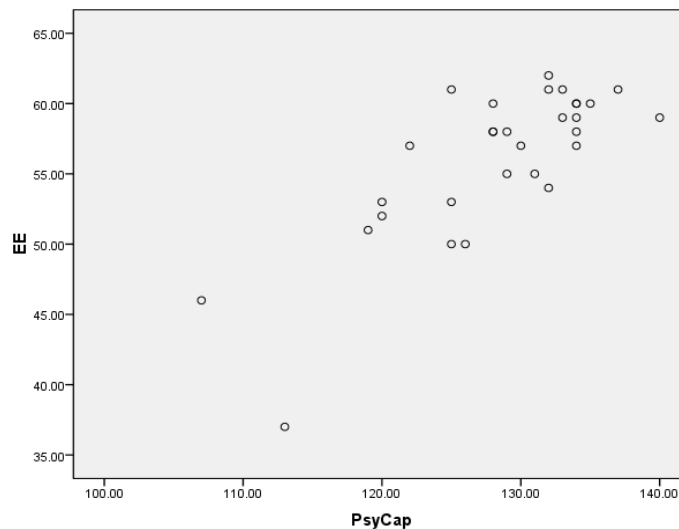
Table 3.3 The Regression Coefficients Table

Unstandardized Coefficients		Standardized Coefficients		
B	Std. Error	Beta	t	Sig.
-19.092	11.313		-1.688	0.103
0.586	0.088	0.783	6.653	0

a. Dependent Variable: EE

Table 3.3 shows the regression coefficients, the intercept and the significance of all coefficients, and the intercept in the model. We find that our linear regression analysis estimates the linear regression function to be $y = -19.092 + 0.586x$. Further, in our linear regression analysis the test, tests the hypothesis that there is relationship between PsyCap and EE. The t-test finds that both intercepts and variables are highly significant ($p < 0.001$) and thus we might say that they are different from zero. According to this table PsyCap also found positively contributed to employee engagement with 0.783 standard regression weight and acceptable p value. So our research hypothesis (i.e. H 1) was accepted that showed positive PsyCap was positively related to employee engagement for defence establishments of India.

Diagram 1: Scatter Diagram



The Diagram 1 shows the scatter plot for investigating the possible relationship between two variables that both related to the same event. It also shows a positive correlation between positive

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PsyCap and EE for defence personals in India. Hence our hypothesis (H1) is accepted on this ground also.

CONCLUSION AND RECOMMENDATIONS

The current inspection examined the relationship of Psychological Capital (PsyCap) with employee's engagement (EE) at defence establishment of India. The results of Pearson correlation revealed that the correlation is significant at the 0.01 level with significant standard regression weight and p-value, the study hypothesis was accepted. Thus, it can be said that positive PsyCap is positively related to employee engagement. This study found support from the work by Avey, Luthans & Jensen (2009) which shows that individual's inbuilt resources, like the constructs of Psychological Capital (i.e. Hope, Optimism, Self-Efficacy and Resilience), may contribute to decreased Stress and burnout and increased work Engagement. Another study made by Sihag P. and Sarikwal L.(2014) also shows that Psychological capital is positively related to Employee Engagement. This inspection also recommended scope for more research to examine the individual resource of Psychological capital in other groups of people, employees in various demographic groups and for different positions and levels in organization.

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Conflict of Interests

The author declared no conflict of interests.

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Effective Role of Emotions in Teaching

Sujit Dhanraj Kumavat^{1*}

ABSTRACT

The objective of the present study was to find out the role of emotion in effective teaching of junior college students. The sample for the present research selected from the grantable junior college in Ahmednagar. For the research 11th class 90 students of Commerce faculty was selected. Among them 30 student selected for the positive emotion teaching group (Experimental group I). 30 students selected for the negative emotion (Experimental group II). And 30 students were selected for the neutral group (Control group III). The age range of the students were 17 to 18 years ($M=35.00$ $SD=7.38$). In the research Simple random method was used. The first hypothesis of the research was positive emotional teaching method high in English retention than negative and neutral teaching methods. Tolls 11th class English syllabus selected for the study. Result first result was showed that positive emotional teaching had significantly high English retention than the negative and neutral emotional teaching methods.

Keywords: *Emotional Teaching Method, Junior College Student, Commerce Faculty, Sampling, English Subjects.*

Emotions are important in the classroom in two important ways. First one, emotions have an impact on learning and student. They influence our ability to process information in actual way and to accurately understand what we think. For these reasons, it is important for teachers to create a positive, emotionally in the classroom environment to provide for the optimal learning of students. Second one, learning how to manage feelings and interfere with learning occurs when students are anxious about their school work (Cole, 1991; Dobson & Dobson, 1981).

Students who are depressed or anxious about learning often do not feel competent academically. They do not trust themselves and are likely to take more time double-checking their answers or questioning their work before turning it in to their teachers. They may even start over each time they make a mistake, convinced that it undermines their entire effort. Because they may take more time on a task, these students give themselves and their teachers an inaccurate perception of the actual time it took for them to solve a problem or understand a concept. Emotions can

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interfere with students' learning in several ways; including limiting the capacity to balance emotional issues with schoolwork, creating anxiety specifically about schoolwork, and triggering emotional responses to classroom events. Teachers will understand how their students' emotions affect learning. Teachers will understand the need to make judgments about when emotions are interfering with or supporting learning.

Emotions in general, can be categorized as pleasant (positive) emotions and unpleasant (negative) emotions. Emotions can affect learning, in both a positive and negative way. When a learner experiences positive emotions, the learning process can be enhanced and the student understands the teaching. When the learner experiences a negative emotion, the learning process can be disabled. Students learn and perform more successfully when they feel secure, happy, and excited about the subject matter (Boekaerts, 1993; Oatly & Nundy, 1996). Although emotions have the potential to energize students' thinking, emotional states also have the potential to interfere with learning. If students are overly excited or enthusiastic, they might work carelessly or quickly rather than working methodically or carefully. In addition, emotions such as anger, anxiety, and sadness have the potential to distract students' learning efforts by interfering with their ability to attend to the tasks at hand.

When emotions interfere with competence beliefs, students might withdraw from classroom activities in order to avoid appearing incompetent in the classroom. Students who tend to internalize their emotions are often easy to overlook in the classroom. Teachers can help reduce their students' performance anxieties by providing multiple opportunities for feedback about their work, and by emphasizing that mistakes are okay and a part of learning. For these students, it is important that their entire grade not be based on one big project and that feedback emphasize the things they are doing right, while also giving specific, focused advice on ways to improve. Moreover, they will benefit from knowing that the teacher really cares about them as a person and as a learner.

When our emotions are heightened, we use up our intellectual resources (Ellis, Ottaway, Varner, Becker, & Moore, 1997a; Ellis, Ottaway, Varner, Becker, & Moore, 1997b; Hertel & Rude, 1991). Some students may have difficulty learning because their minds are cluttered with distracting thoughts and memories. For example, a student who is distressed might be thinking so much about a sad memory that little mental room is left to think about other things. If students are working to cope with emotions, they might not have sufficient resources available to engage in learning.

Objective of the study:

- To search the effective role of emotions in teaching methods for junior college students of commerce faculty.

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Hypothesis:

- 1) Positive emotional teaching method will be significantly high in English retention than negative and neutral teaching methods.

METHOD

Sample/ Participants:

For the present research the sample was selected from a grantable junior college Ahmednagar (Maharashtra). Total 90 students were selected of 11th class commerce faculty. Among them 30 student selected for the positive emotion teaching group (Experimental group I). 30 students selected for the negative emotion (Experimental group II). And 30 students were selected for the neutral group (Control group III). The age range of the students were 17 to 18 years (M=35.00 SD=7.38) Simple random probability method was used.

Tools:

- 1) English: The researcher choose probability chapter in English subject.

Procedure:

The researcher divided the emotions in three groups in the three groups.

- 1) Positive Emotion teaching group (Experimental group I): In this group interested, enthusiasm, happiness, pleasure emotion was selected.
- 2) Negative Emotion Teaching group (Experimental group II): In this group anger, anxiety, fear, dominance, worry emotion was selected.
- 3) Neutral Emotion Teaching group (control group III): In this group mix emotion (positive and negative) was selected. Regular teaching method was used.

The procedure of data collection- The researcher selected English subjects particular topics of the research. These topics were taught to the student one week. After one week feedback were taken by student in objective method.

Variable:

Independent variable-

- 1) Types of emotions in teaching methods.
- a) Positive Emotion teaching group (Experimental group I)
- b) Negative Emotion Teaching group (Experimental group II)
- c) Neutral Emotion Teaching group (control group III)

Dependant variable-

- a) English subjects three topics.

DATA ANALYSIS AND DISCUSSION-

Mean SD and SE of positive, negative and neutral emotional teaching method dimension on English subject.

Table no.1

Sr. No.	Factor	Positive	Negative	Neutral	total
1	Mean	43.7333	28.1333	33.1333	35.0000
2	SD	3.86793	3.59821	2.89748	7.38964
3	SE	.70619	.65694	.52901	.77894
4	N	30	30	30	90

Summary of Positive, Negative, Neutral emotional teaching method dimension on mathematics subject using the method of One way ANOVA.

Table No.2

Factor	Sum of Squares	df	Mean Square	F	Sign.
Between Groups	3807.200	2	1903.600	157.307	0.01
Within Groups	1052.800	87	12.101		
Total	4860.000	89			

An Analysis of Variance showed that the effect of emotional teaching method on English subject was significant, $F=157.307$ and $p=0.01$ Mean, SD of positive emotional teaching was $M=43.17$ $SD=3.86$, negative emotional teaching was $M=28.13$ $SD=3.59$ and neutral emotional teaching was $M=33.13$ $SD=2.89$

The hypothesis has been accepted that the positive emotional teaching has significantly high English retention than negative and neutral emotional teaching method.

Many result suggested that positive emotional teaching method in the class room is necessary for student cognitive learning, growth and creative expression. Teacher can create emotionally safe classrooms by affirming student's accomplishments in noncompetitive ways, encouraging self confidence, providing opportunities, to take risk without penalty and giving thoughtful feedback James Comer (2001) notes that teachers sometimes take for granted that children come to school able to manage their impulses. This is not the case for many children. Teachers often need to teach students how they are expected to behave, rather than assuming they are "bad" when they behave in ways that do not jive with the teacher's expectations. Teachers can help students learn to recognize and understand their own and others' emotions, learn how to express their feelings and concerns, negotiate and work out their problems, and handle frustrations productively.

For example, students can be introduced to a "no-fault" approach to working out problems, a process that does not blame other individuals but instead helps students internalize a way of working through and thinking out problems. When teachers encourage a fair, just, and responsible classroom environment, students are more likely to experience the comfort and

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confidence that encourages them to want to learn (Comer & Haynes, 2001). In Kristen Bijur's fourth- and fifth-grade class in this session's video, students put into practice emotional intelligence when they negotiate space for both the girls and the boys to play their respective soccer games. These students demonstrate the ability to step back and problem-solve, rather than react impulsively. They are motivated to persist in solving their conflict and to listen to each other's ideas for a solution.

The research shown that students can become upset by classroom events a failed test, a negative comment from the teacher or a peer and react in a way that impedes further learning. These reactions may play out in different ways, depending on what the student attributes the problem to (Graham, 1997; Weiner, 1994). For example, if two students fail a mathematics test, one might blame herself for not studying enough and commit to studying harder the next time, while the other might blame the teacher for writing unfair questions and conclude that he is doomed to fail the class. His anger might lead to acting out behaviors or disruptive expressions of anger (Graham, 1997). Both students might experience anger from the same source a bad grade. However, the students differ in their beliefs about their ability to improve the situation. Negative emotions interfere with learning when students become frustrated to the point of feeling helpless or incompetent. This tendency can be offset if students learn how to regulate or manage their emotions in the classroom. A student who is angry and only knows how to blame others is not going to be able to succeed in or out of the classroom. The student needs to learn how to acknowledge and express his feelings, manage his anger, and come up with strategies for letting off steam.

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Conflict of Interests

The author declared no conflict of interests.

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